

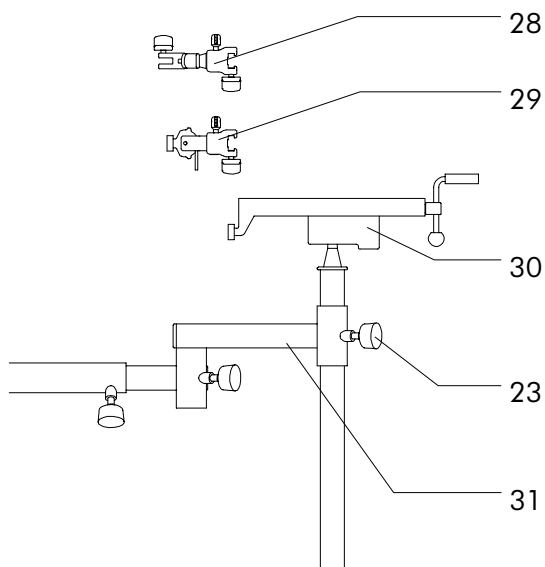
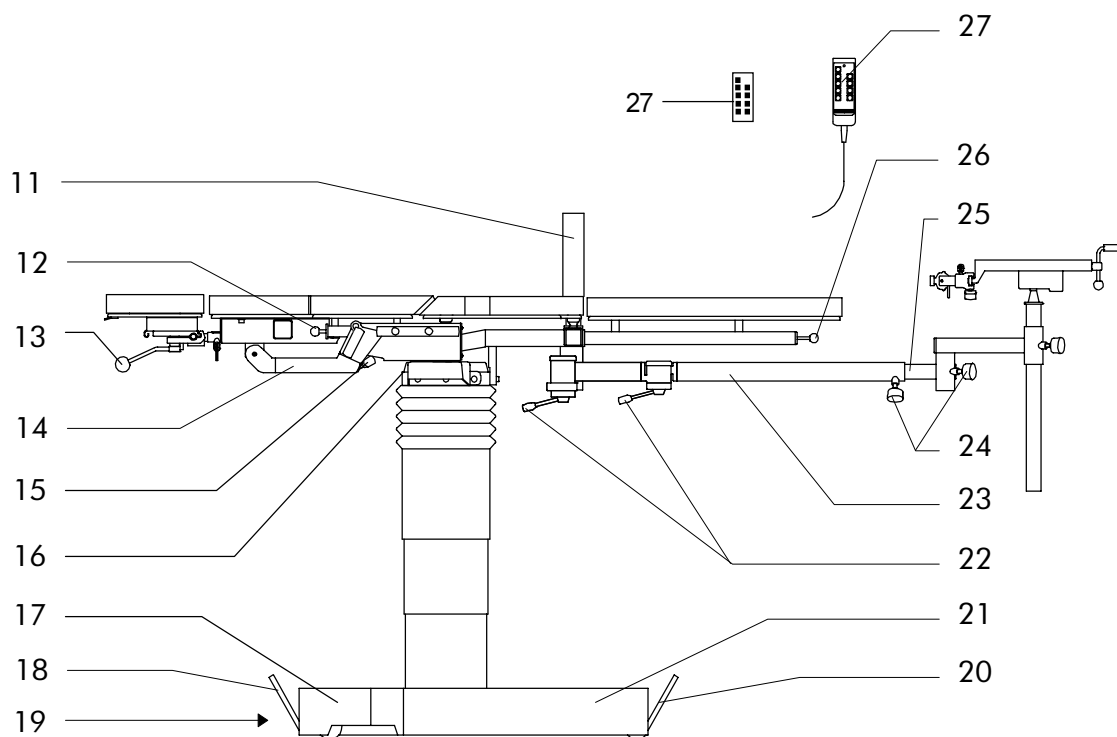
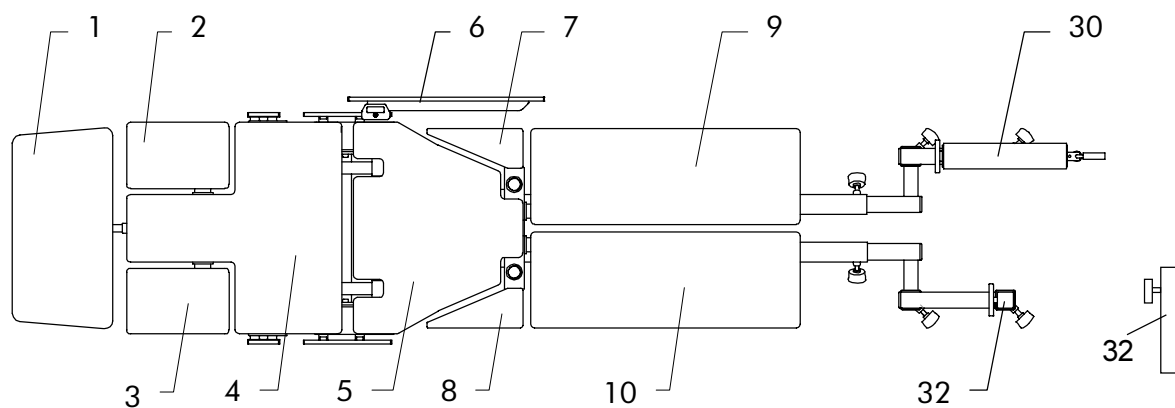
ORTHOSTAR II

Operating instructions

1425.01A/B

Mobile operating
and extension table
for:
traumatology
orthopaedics
spinal surgery





Pictorial guide

- 1** Head rest
- 2** Shoulder segment, left
- 3** Shoulder segment, right
- 4** Back plate
- 5** Seat plate
- 6** Side rail elongation
- 7** Triangular buttock support, left
- 8** Triangular buttock support, right
- 9** Leg plate, left
- 10** Leg plate, right
- 11** Countertraction post for neck of femur
- 12** Quick-release catch
- 13** Clamping lever
- 14** Supporting arm
- 15** Rocking lever
- 16** Pin for potential equalization (beneath the table top)
- 17** Rear base cover
- 18** Pedal
- 19** Supply cord on cable reel in the base
- 20** Pedal
- 21** Front base cover
- 22** Eccentric clamping lever
- 23** Traction bar
- 24** Handle screw
- 25** Telescopic bars
- 26** Quick-release catch for leg plates
- 27** Cable-connected hand control or IR hand control with charging station
- 28** Rotation and traction stirrup clamp
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I. Safety

Important notes on these operating instructions:

Please read these operating instructions completely and carefully before using the unit. They were provided to familiarize you with the features and correct use of the ORTHOSTAR II. Be sure to always follow the instructions contained herein.

Store these instructions in a location near the equipment so that they will be available for ready reference.

We have used the following symbols to identify important notes in these instructions:



This symbol identifies information which is critical to safety as described in the international standard applicable to the field of medicine.



An arrow is placed in front of all information which is important to trouble-free operation of the system.

Intended use of an operating table

The operating tables sold by the MAQUET company are solely intended for medical treatment of humans. The operator must be instructed in the correct use of the equipment. The equipment should be located in an area that adheres to the current valid standards and guidelines. An absolute prerequisite for the use of the equipment is its correct assembly and maintenance.

➔ For use the operating-room table has to be covered with clothes according to the established hygienic standards.

Fundamental safety aspects

- Any other use of the operating table, e.g. as a lifting platform, for material transport, as a rest platform, etc. is considered not in accordance with the intended purpose.

Intended use

The operating table is intended for

- Positioning the patient during the operation incl. the preparatory and postoperative phases
- For transport of the patient inside the surgical department, e.g. from the patient transfer unit to the operating room and vice versa.

This mobile operating table satisfies the requirements of the standard which is applicable internationally, IEC 601-1 (EN60601-1), corresponding to DIN VDE Standard 0750, Part 1. The operating table may be used only in rooms where the installation technology satisfies the requirements of DIN 0107 or an equivalent national standard. The ORTHOSTAR II operating table may be operated only by persons who have been instructed in the correct use of the equipment. This familiarization by MAQUET was confirmed in an acceptance log.



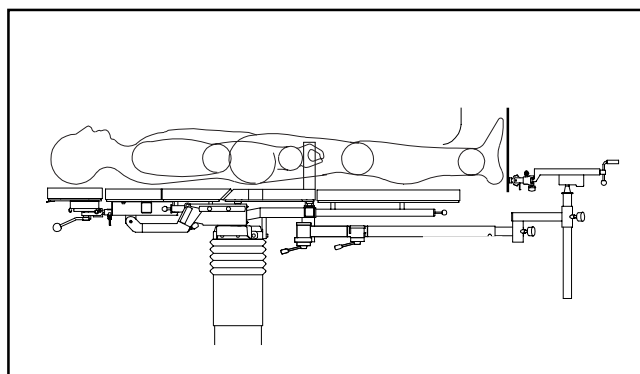
„CLASSIFIED BY UNDERWRITERS LABORATORIES INC: WITH RESPECT TO ELECTRIC SHOCK; FIRE AND MECHANICAL HAZARDS ONLY IN ACCORDANCE WITH UL 2601-1“

Whenever maintenance work is required, remember that the MAQUET Service Department is always the right address in terms of quality and maintaining guarantee protection. You will certainly understand that MAQUET can assume responsibility for the safe operation of your operating table only if maintenance, repairs, modifications, etc. are carried out either by our service department or by a firm expressly authorized to do this work and only if the unit has been utilized in full compliance with the operating instructions.



II. Summary of safety precautions

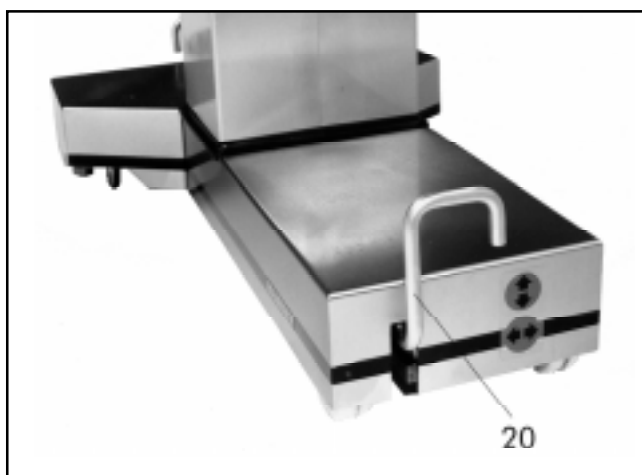
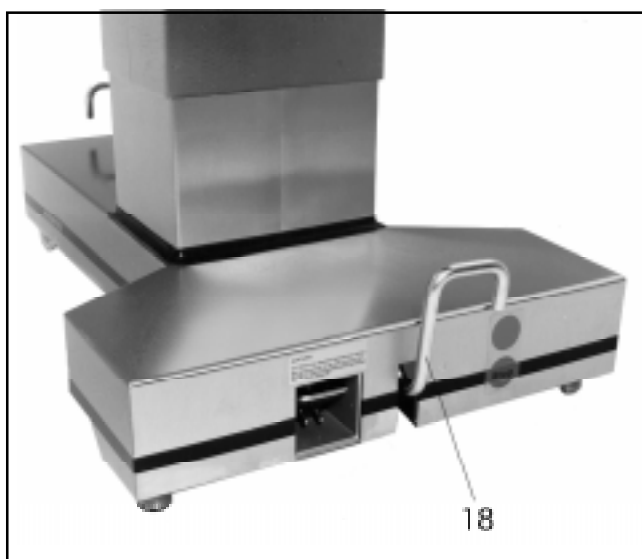
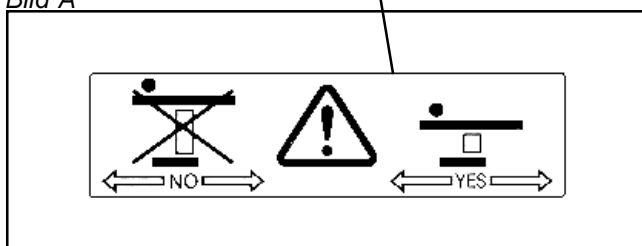
-  Pinch points are created during certain table top adjustments. Do not reach under the back plate or attached accessory components and the joints.
-  The operator has to ensure that the location of the operating table is horizontal and safe.
-  The nursing staff must ensure that the patients are positioned and monitored so as to prevent compromising respiration, nerve pathways or circulation.
-  Displacement of the operating table with patients weighing up to 135 kg (300 lb.) is allowed only up to a table top height of 0.9 m (35.4 inches).
Note: The warning plate at the column must not be visible (Fig. A, page 7).



-  If the table top components contact an obstacle during an adjustment procedure, the table may tip. Remove possible obstacles before lowering the operating table or individual table top components.
-  Lock the operating table when transferring the patient.
-  The operating table must not be operated from the mains in the presence of flammable anaesthetics.
-  Electrically conductive properties must be monitored by trained service personnel. Trained service personnel must perform subsequent routine testing at least once a year.
-  When installing operating table accessories, check for correct attachment and tighten securely. Do not use worn or damaged accessories. Check installation before using any accessory.
-  Unexpected table movement with a patient who is not secured could cause patient injury. The patient must be secured to the operating table in accordance with the specific requirements, using the appropriate accessories such as body strap, lateral supports, etc.



Bild A



III. General description

1. General description

The ORTHOSTAR II 1425.01 is a mobile operating table for traumatology, orthopaedics, spinal surgery and shoulder operations.

The table top is divided into 8 sections (9 sections including head rest to choice) and provided with electrically controlled and hydraulically powered adjustment functions for height, lateral tilt, Trendelenburg / reverse Trendelenburg, and at the back section.

Guide rails beneath the seat plate allow for X-ray film cassette insertion from the sides. The side rails are provided for fitting accessories.

The operating table is powered by batteries or mains operated.

The batteries are recharged with a built-in battery charger. The charge level of the batteries is indicated by a luminous diode. Using an 0-position key, the Trendelenburg and lateral tilt adjustments may be reset and the table top returned to the horizontal position. A pedal is used to lock and release the operating table for travel.

- ➔ According to IEC 601-1, the table is built for safe handling of patients weighing up to 135 kg. If heavier loading is to be expected, consult the manufacturer. The operating table shall be equipped only with MAQUET accessories (observe the operating instructions!). Accessories made by other manufacturers shall not be used without express approval by MAQUET and must be particularly carefully examined to ensure that they do not represent a hazard to the patient, the personnel, or the operating table.

- ⚠ When a patient is lying on the operating table, the pedals for unlocking the base may be actuated only when the warning plates are no longer visible (Fig. A).

- ➔ **Note:**
All surgical procedures are permissible on the locked operating table up to a patient weight of 135 kg (300 lb.).

2. Displacing / locking the operating table

- ➔ Always lock the operating table in position using the pedals (18) and (20) before setting up the patient position and during the operation.

For longitudinal displacement of the operating table,

- push the two pedals (18) and (20) upward

- ⚠ Displacement of the operating table with patients weighing up to 135 kg (300 lb.) is allowed only up to a table top height of 0.9 m (35.4 inches).

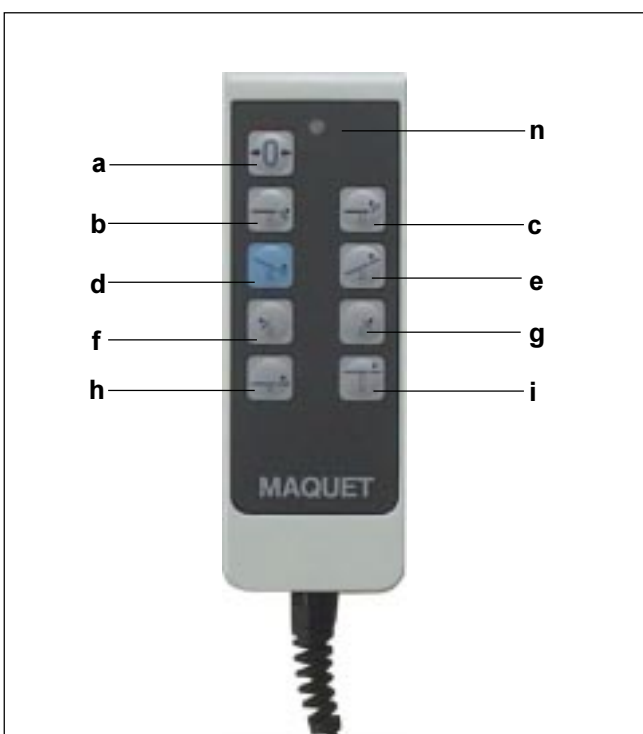
Note: The warning plate at the column must not be visible (Fig. A).

For transverse displacement,

- push pedal (20) downward and
- pedal (18) upward

For locking the operating table

- push pedal (20) upward and pedal (18) downward.



3. Control of electrically controlled, hydraulically powered motions

Depending on the customer's requirements, the operating table motions may be controlled by the following three elements:

- Cable-connected hand control
- IR hand control
- Foot switch (only for the „table top up/down“ and „Trendelenburg/reverse Trendelenburg“ functions).

3.1 Cable-connected hand control

Once it has been removed from its packaging, the plug for the cable-connected hand control is connected at one of the two sockets (33) at the column head. The operating table can then be adjusted on battery power.

The column is equipped with two sockets for simultaneous connection of the cable-connected hand control and the foot switch.

3.2 Functions

Press the appropriate function key to invoke the desired adjustment function.

- | | |
|----------|--------------------------------|
| a | Automatic 0-position feature |
| b | Back plate downward |
| c | Back plate upward |
| d | Trendelenburg position |
| e | Reverse Trendelenburg position |
| f | Lateral tilt to left |
| g | Lateral tilt to right |
| h | Table top downward |
| j | Table top upward |
| n | Capacity indicator |

3.3 Foot switch control

The foot switch (separate ref. no. 1009.79-B) is also connected to one of the two sockets at the column head. Now the electrically controlled, hydraulically driven functions „up/down“ and „Trendelenburg/reverse Trendelenburg“ can be operated by either the foot switch, the cable-connected hand control or the IR hand control.

→Note:

If functions are initiated simultaneously via foot switch and hand control, each function of the system will be stopped instantly and will be resumed only when one of the control elements has been released.

3.3a Infrared remote control

If desired, the table may be equipped with an IR remote control. The arrangement of the function keys for the adjustments of the operating table is the same as on the cable-connected hand control.

If the operating table is equipped with an infrared remote control, it differs from the version with the cable-connected hand control in the following characteristics:

- Cordless hand control
- Additional charging station with supply cable for IR hand control
- Capacity indicator for battery capacity of the operating table at the column head
- Additional acoustic signals of the operating table and the IR hand control in particular use situations.



→ **Note**

The transmission power of the IR hand control is sufficient to be able to adjust the operating table even from a greater distance and with the operating table draped. If the operating table does not respond to the command even though the function key is completely depressed, either reaim the hand control or move to a slightly different transmission position. In such cases the sensor at the column is being blocked by a person.

3.4 IR system code

Each operating table and its IR hand control are identified with the same codes. The encoding is undertaken by authorized personnel.

The operating table and its hand control are marked

with blue labels. The label is located

- at the lower end of the hand control
- at the base of the operating table near the supply cable.

The IR system code is identified by a numeral from 0 to 9 or a letter from A to F.

Examples of possible IR system codes:

4	B
C	2
D	A

→ **Note**

The order of the numerals and letters is significant here; IR system code 4 B is not equivalent with B 4, for instance.

The operating table can, of course, be used at any time by connecting a cable-connected hand control; here the IR system code is of no significance.



3.5 Charging station

The charging station of the IR hand control is used for recharging the battery in the hand control. The charging station can be mounted on the wall near a power socket; however, it does not necessarily have to be mounted at all.

To recharge the battery in the IR hand control, connect the charging station to the mains via supply cable. The green indicator lights up.

Insert the hand control in the charging station as follows:

- Hold the hand control so that the keypad is visible, in the position for normal use
- the 0-position key is at the top
- the lower, narrow end of the hand control is in contact with the lower edge of the holder.



The battery in the IR hand control has sufficient capacity to control adjustments of the operating table for several days. We nonetheless recommend that the hand control be stored in the charging station in the evening so that the battery will be recharged overnight.

3.6 Battery charge level

The capacity of the batteries in the operating table and the IR hand control is indicated by optical and acoustic signals.

a) IR hand control

- A continuous tone will be sounded when one of the function keys is pressed (the adjustment motion is being executed). The capacity of the battery in the hand control has dropped to approx. 10 %. Insert the hand control in the charging station once the adjustment motion has been completed.

b) Operating table

The battery charge level is indicated optically by the luminous diode **n**.

When using a cable-connected hand control, the luminous diode is integrated in the hand control.

When using an operating table with an IR hand control, the luminous diode is located at the column head.

Charging capacity

green continuous light at **n**:

Charging condition 100 – 30 % = good

Red continuous light at **n**:

Charging condition 30 – 10 % = still sufficient

Red intermittent light at **n**:

Charging condition less than 10 % = very low;

The batteries should urgently be recharged on completion of the surgical intervention.

→Note

In addition to the luminous diode blinking red, this charging condition is also indicated by an intermittent acoustic signal for operating tables with IR hand control.

Green intermittent light at **n**:

The operating table has been connected to the mains supply. The batteries are being recharged; adjustments can be made.

The operating table has been connected to the mains supply. The batteries are being recharged; adjustments can be made.

No signal at **n**:

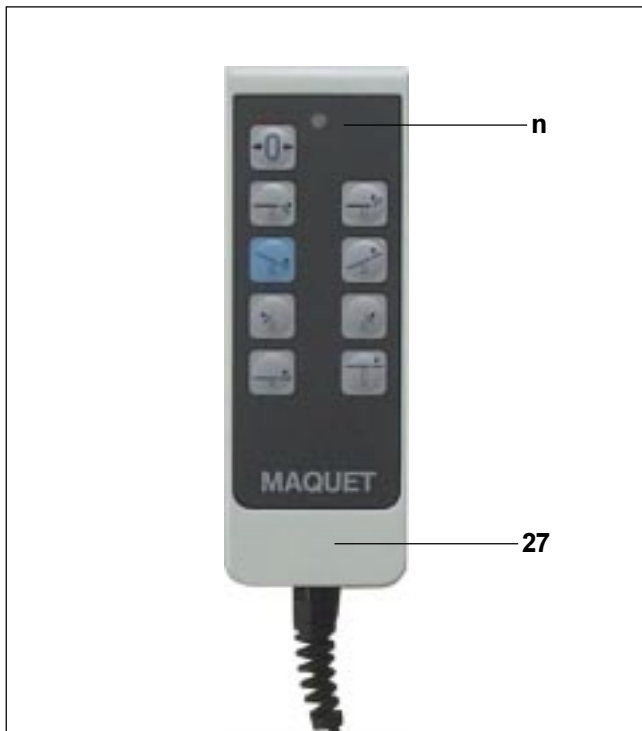
The maximum discharge limit has been reached.

The electronics have shut down the unit to avoid deep discharge which would damage the batteries.

The batteries must be charged.

Charging the batteries:

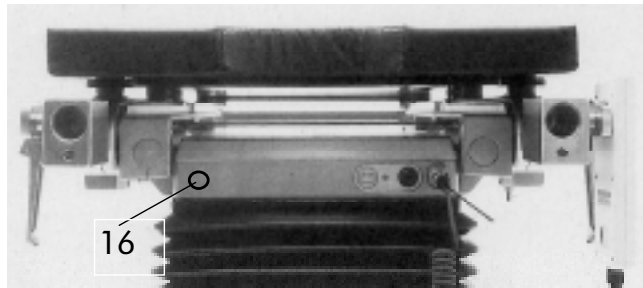
To recharge the batteries, connect the operating table via the supply cable to the mains supply. The full charging capacity is attained after a charging time of approx. 15 hours. Overcharging is avoided by an electronic power control. We recommend recharging the batteries overnight or during the weekends.



IV. Use of the operating table

1. Potential equalization

Connect the potential equalization pin (16) with cable to a potential equalization point in the operating room (as per VDE Electrical Standard 0107 or the corresponding national codes).



2. Mains operation

Use the cable (19) to connect the operating table to the mains supply. To do so, pull the supply cable out of the opening in the base (cable length approx. 4.5 m).



The separation of the OR-table from the mains is made by the power plug.

→ Note

Damaged mains cables must be replaced!
When pressing the lever (34) upward, the supply cable is automatically wound on the cable reel inside.



3. Battery-powered operation

Unplug the operating table. At full charge, the batteries will power the operating table for several weeks, depending on the frequency with which the adjustments are made.

→ Note

Operating the table under battery power is always to be given preference to operation from the mains supply.

4. Explosion protection

When running on the integral batteries only with no connection to the mains supply, the operating table satisfies the requirements of Class M for the anaesthetic test. It may be used in areas subject to explosion hazard, Zone M.

When the operating table is connected to the mains supply, it is not suitable for use in areas subject to explosion hazard (AP-M).

Please refer to your national safety regulations.



Attention

To prevent oil leakage after the bleed screw has been installed, do not tilt the operating table through more than 25°.

V. Table top components

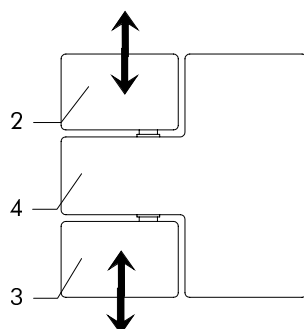
1. Back plate (4)

The Orthostar II is equipped with a back plate (4) which can be raised from the horizontal position under motor power, using the hand control modules (see Section 3, from page 8).

For shoulder operations, the shoulder segment (2) or (3) may be removed by pulling off.

To attach the shoulder sections (2/3), insert them in the square tube of the back plate and apply gentle pressure to snap them in position. They will engage automatically.

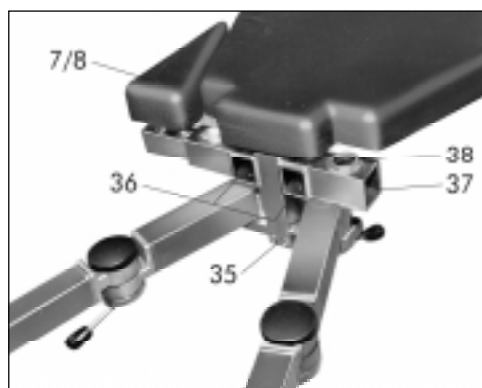
The entire back plate may be removed from the operating table in order to attach other accessory units for operations on the spinal column.



2. Mounting sockets at the supporting frame

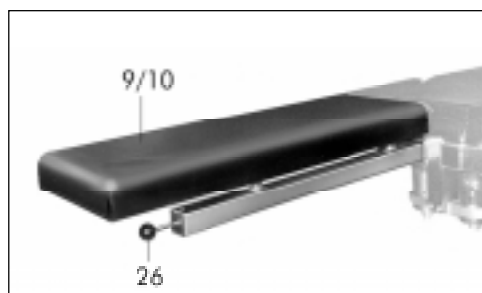
The following mounting sockets are located at the supporting frame (35) in the foot side area of the seat plate:

- The square sockets (36) pointing towards the foot end are used to attach the leg plates (9/10).
- The square sockets at the sides (37) are used to attach the triangular buttock supports (7/8) and various accessories.
- The vertical round sockets (38) are used to attach the countertraction posts (see Chapter „Basic accessories“)



3. Leg plates

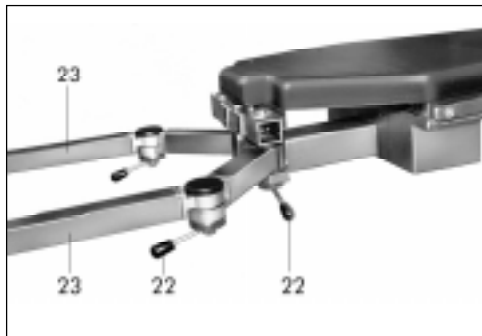
To attach the leg plates (9/10), pull on the quick-release catch (26) and insert the leg plate in the square socket (36) up to the stop with the quick-release catch (26) still being pulled on. The leg plates will automatically be fixed in position as soon as the catch (26) is released. To pull out the leg plate, first pull on the quick-release catch (26) and remove the leg plate with the catch (26) still being pulled on.





4. Triangular buttock supports

The triangular buttock supports (7/8) are complementary parts of the table top. Like the leg plates, they are used in the preparatory phase and will be removed during the operation. To remove them, pull them out of the sockets (37) to the side. To attach the triangular buttock supports, place the square tube to the socket (37) and press gently into place with the ball of the thumb. It is locked automatically.



5. Traction bars

Two traction bars are mounted on the supporting frame. These bars (23) swivel in two swivel joints so that they can be swung horizontally. The swivel joints nearer the head are used to swing the entire traction bar, the ones nearer the foot to adjust the angle of the bar. These swivel joints make it possible to position the traction bars during the operation so that they will not interfere with using the image intensifier to examine the patient's extremities.

To adjust the traction bars, release completely the clamping levers (22) for the appropriate swivel joint by moving the lever horizontally. The directions of rotation for releasing or tightening the clamping levers are shown on the black covers on the swivel joints.

6. Padding

The table top consists of table top plates with pads which are attached by means of Velcro straps.

→Note

- To clean the pads, remove them from the table top plates.
- When re-placing them, take care that the soft bands of the Velcro straps are completely dry.

VI. Accessories

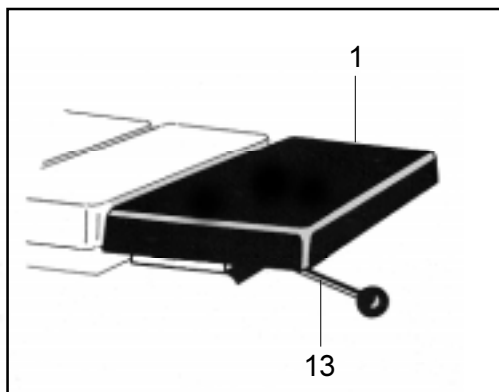
1. Basic accessories

In addition to the leg plates, the extension table tops are provided with the following basic equipment:

1.1 Head rest (to choice, 1002.81D0 or 1002.86 B0)

Mount the head rest (1) by inserting the square rod in the mounting socket at the head end of the table and tightening down the set screw.

To adjust the head rest, turn the clamping lever (13) to the left and move the head rest to the desired angle. Move the locking lever back to the right to lock the head rest in position.



1002.86B0

1.2 Telescopic bars

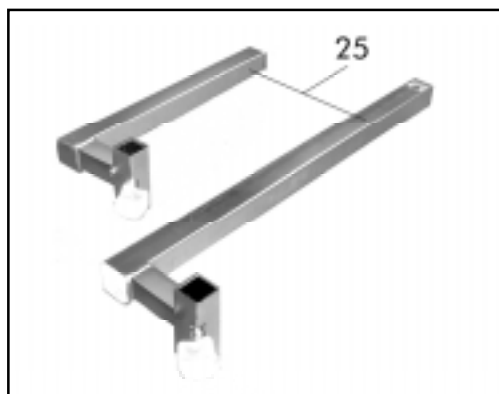
The telescopic bars (25) are supplied in two different lengths.

Identification:

Long telescopic bar: with white end cap

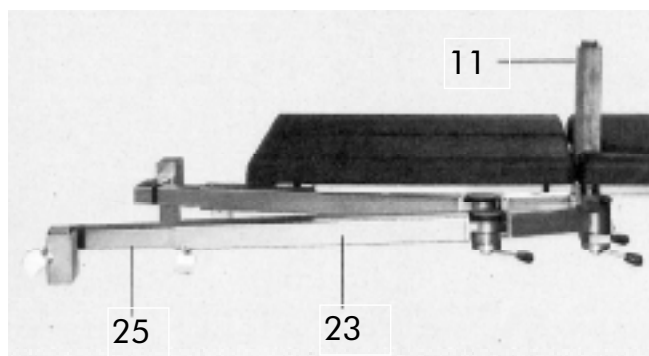
Short telescopic bar: with black cap

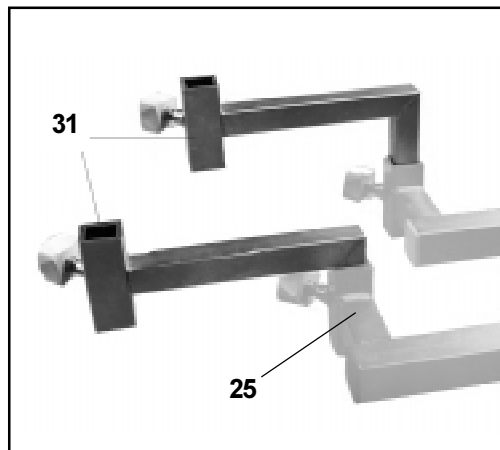
The telescopic bars are inserted in the traction bars (23) in preparation for mounting additional accessories; the handle screws of the traction bars are used to fix the telescopic bars at the required length.



➔ Note:

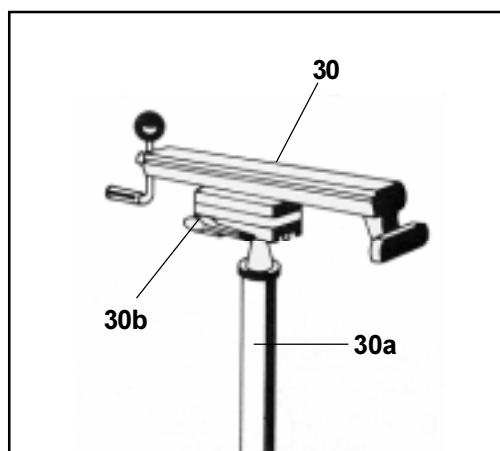
To ensure secure fixing of the telescopic bars they must be inserted at least far enough into the traction bars that the red mark is no longer visible.





1.3 Bar elongations

The bar elongations (31) are inserted in the telescopic bars (25) where additional length is required; the bar elongations are fixed with the handle screw. If turned through 180° and inserted, they may be used where required to shorten the telescopic bars.

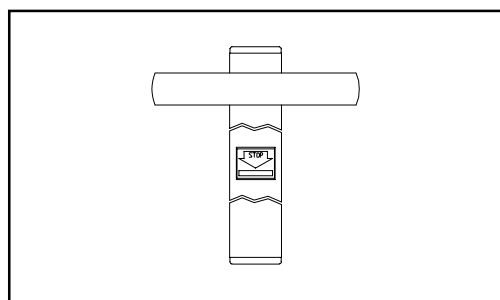


1003.37

1.4 Screw tension device 1003.37

The screw tension device (30) is used to adjust the traction tension applied during the operation. The supporting bar (30a) is inserted in the square socket at the end of the telescopic bar and fixed at the desired height by tightening the handle screw.

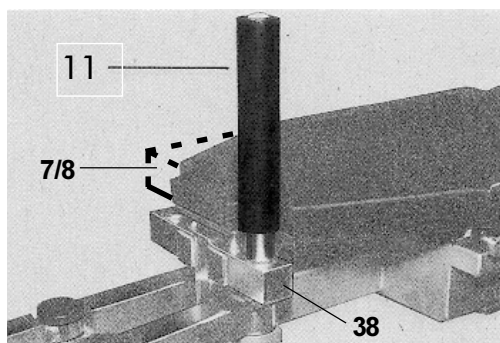
The screw tension device (30) is permanently joined with the supporting bar (30a) by means of a ball-and-socket joint. Once the clamping lever (30b) has been released, the screw tension device will swivel freely on the ball. Swing the clamping lever (30b) upward completely to release. To lock the screw tension device in position, move the clamping lever (30b) downward to the stop (the lever will then be horizontal).



1003.49

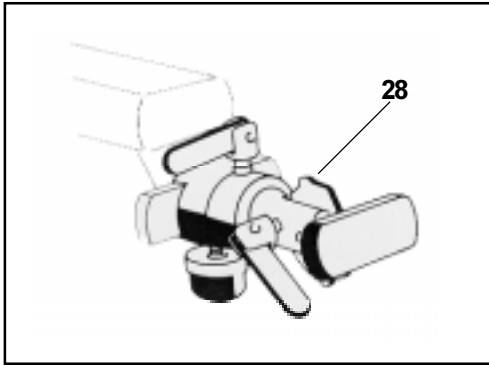
1.5 Foot plate support 1003.49

The foot plate support is also inserted in the socket of the telescopic bar and used, in conjunction with additional accessories (e.g. sole plate), to position the sound leg of the patient.

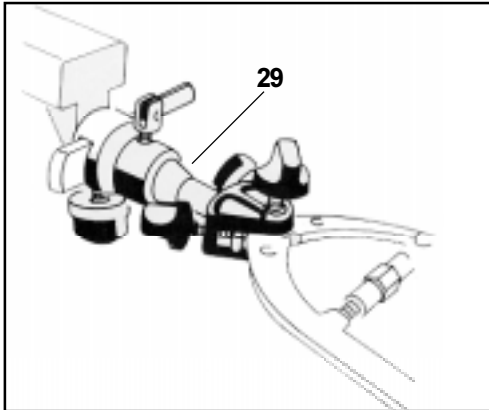


1.6 Countertraction post for neck of femur

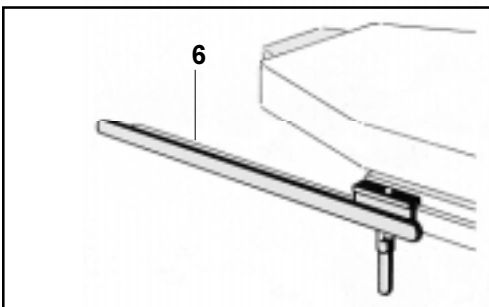
The countertraction post (11) is inserted in the mounting socket (38) after removing the appropriate buttock support (7/8). The countertraction post serves to resist the traction applied during the operation to the extremity affected. It will then be located on the side corresponding to the fracture, in the patient's perineal area.



1003.34



1003.35



1004.91A0



1004.90B0

1.7 Rotation-tilt clamp 1003.34

The rotation-tilt clamp (28) serves to attach the foot plates (to be ordered separately, ref. no. 1001.87) to the screw tension device. The clamp is slid onto the side rail at the screw tension device and is then secured with the handle screw.

After loosening the upper locking handle, the side rail may be rotated through 360°. Loosening the lateral locking handle will make it possible to tip the mounting rail section to accept the foot plate.

1.8 Rotation and traction stirrup clamp 1003.35

The rotation and traction stirrup clamp (29) serves to attach to the screw tension device the traction stirrups which are used for wire traction purposes. The clamp is slid onto the mounting rail section at the screw tension device and secured with the handle screw. After loosening the locking handle, the traction stirrup can be rotated through 360°.

After loosening the handle screw, the traction stirrup may be inserted in the socket and secured in position. The adjustment screws are provided for fine positioning and exact fixing of the traction stirrup.

1.9 Side rail elongation 1004.91A0

The side rail elongation (6) is mounted on the side near the seat plate wherever accessory components have to be attached at the lower end of the seat plate (a Goepel knee crutch to support the sound leg, for instance).

2. Optional accessories

The side rail elongation (6) is mounted on the side near the seat plate wherever accessory components have to be attached at the lower end of the seat plate (a Goepel knee crutch to support the sound leg, for instance).

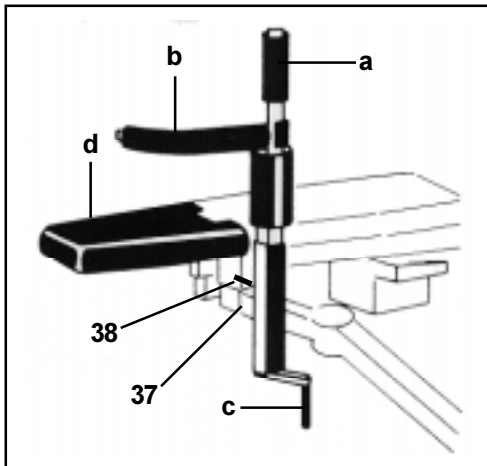
2. Optional accessories

In addition to the basic accessories, there is available a number of supplementary components which may be utilized in accordance with the requirements of the operation or the preferred operating techniques.

2.1 Countertraction post for interlocking nailing 1004.90B0

This countertraction post is used instead of the post for neck of femur (11) when treating femur fractures with the patient in the supine position (and also for interlocking nailing technique).

The countertraction post for interlocking nailing is inserted in the socket (38) at the supporting frame after removing the buttock support (7/8) and the leg plates (9/10) on the side corresponding to the fracture.



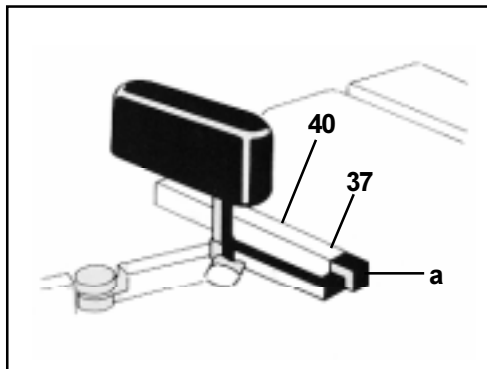
1004.85B0

2.2 Countertraction post for femur 1004.85B0

This countertraction post is used when treating femur fractures with the patient in the lateral position. The positioning plate (d) is supplied with the 1004.85 countertraction post.

After removing the buttock support (7/8), the countertraction post is inserted in the socket (37) at the supporting frame and secured in the socket (38) with the catch. The upper section of the countertraction post (a) and the perineal bow (b) may be removed by lifting it off. The perineal bow (b) can be shifted through 180° and mounted for use at the right or left of the table top. The vertical spacing between the table top and the perineal bow is adjusted with the hand crank (c).

The positioning plate (d) is inserted in the sockets (37) after removing the leg plates (9/10).



1004.89

2.3 Perineal support 1004.89

The perineal support is also used when treating femur fractures with the patient in the lateral position. It serves to absorb the traction tension applied to the extremity being worked on.

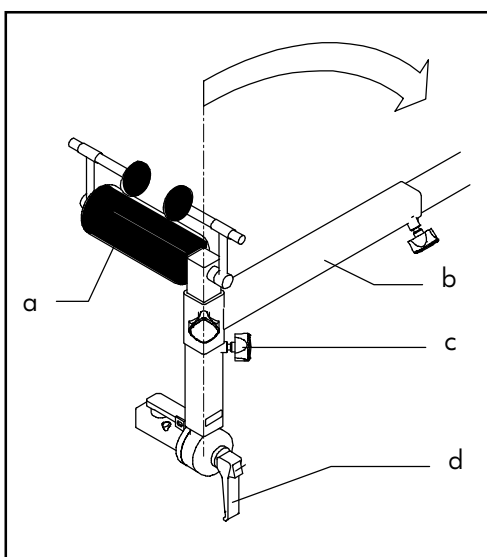
The holder (a) is inserted in the socket (37) at the supporting frame (40) after removing the buttock support (7/8). Insert the perineal support and use the handle screw to fix at the desired height.

2.4 Countertraction post for tibia and fibula 1003.50A0

This countertraction post is used when operating on lower leg fractures.

After removing the buttock support (7/8), insert the countertraction post in the socket (37) at the supporting frame, securing it with the catch in the socket (38). The countertraction post (a) and the telescopic bar (b) can be lifted off after loosening the appropriate handle screw.

The countertraction post (a) can be shifted through 180° and mounted for use at the right or left of the table top. The vertical spacing between the table top and the countertraction post (a) is adjusted after loosening the handle screw (c). After opening the eccentric safety lever (d) the countertraction post (a) can be swivelled to the front.

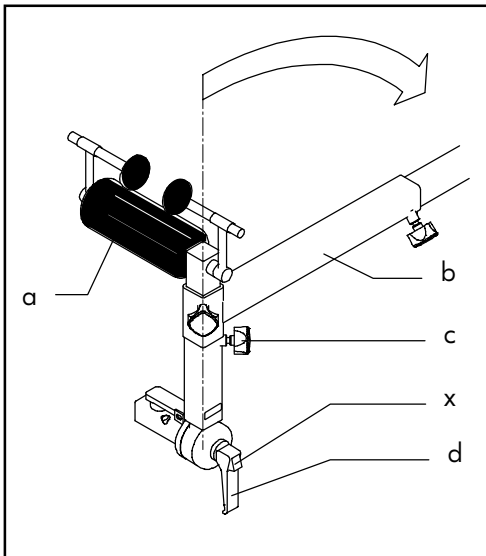


1003.50A



Attention:

Hold the countertraction post at the telescopic bar (b) before opening the eccentric lever and until the eccentric lever (d) is locked again!



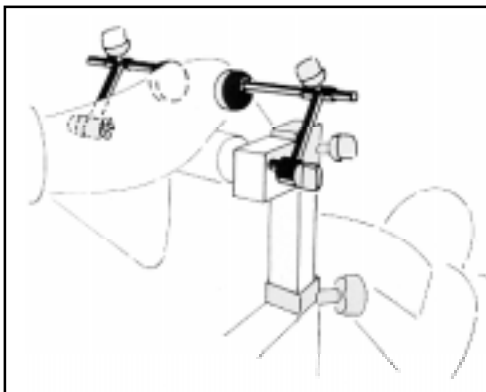
1003.50A0

To set up the traction exerted at a downward angle, the countertraction post for tibia and fibula can be swivelled via the gear rim: Press the safety button (**x**) and open the eccentric lever (**d**). Swivel the countertraction post as desired and tighten the eccentric lever (**d**).

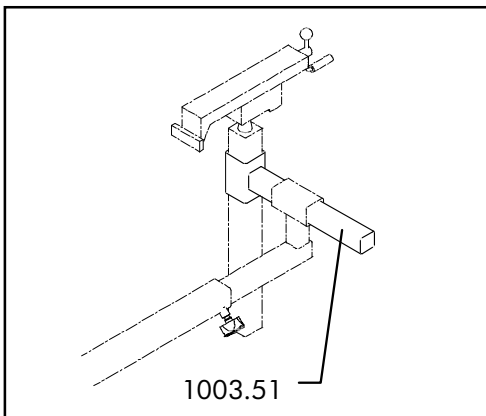


Attention

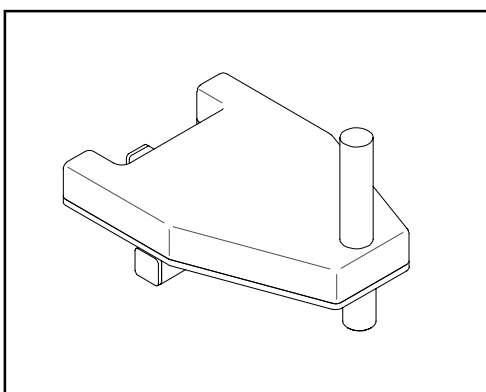
With extension accessories fixed in the telescopic bar, the countertraction post may drop automatically! Therefore, always support the countertraction post with the free hand when making adjustments.



1004.93B0



1003.51



1003.52

2.5 Condyle fixation 1004.93-B0

The condyle fixation can be used to secure the patient's knee exactly on the tibia countertraction post while operating on lower leg fractures and thus will help to avoid rotary alignment errors. The swivel holders are bolted at the right and left on the countertraction ratchet disks. Height adjustments to suit the patient's anatomy are made possible by the eccentric attachment of the pressure plates to the horizontal holder bars.

2.6 Horizontal guiding bar 1003.51

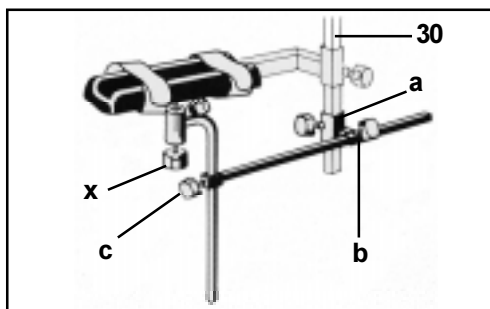
The horizontal guiding bar may be used to correct the direction of traction at right angles to the longitudinal axis (e.g. tibia fractures). To use the guiding bar, attach the telescopic bar shifted through 90° and tighten the guiding bar in the socket, using the handle screw. The square socket of the horizontal guiding bar is used exclusively to attach the screw tension device.

2.7 Pelvis support plate 1003.52

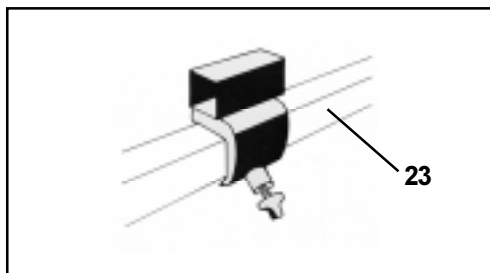
The pelvis support plate can be used for procedures with the countertraction bar centred along the longitudinal axis of the table top., e.g. bilateral hip procedures (e.g. corrective osteotomy).

To attach the pelvis support plate, remove the leg plates from the table top and insert the pelvis support plate in the square sockets for the leg plates.

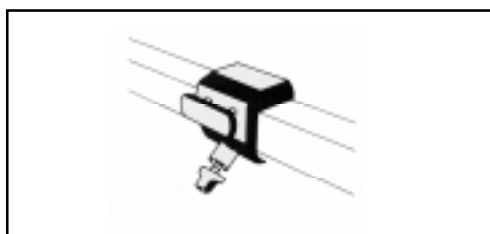
The patient's legs are positioned over the traction bars using the basic accessories.



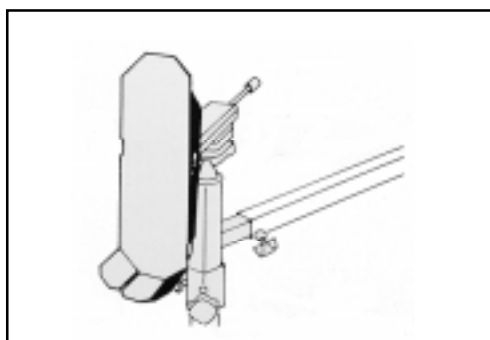
1004.86



1004.87



1004.88



1001.87

2.8 Universal support 1004.86

The universal support is used to position the sound extremity. It is mounted at the guide bushing (a) on the supporting bar for the screw tension device (30) and fixed with a handle screw. The horizontal guiding bar (b) is pivoted and the extension length variable. The upholstered support can be moved on the ball joint at the vertical bar after loosening the appropriate handle screw (x).

2.9 Leg plate support 1004.87

The leg plate supports are used whenever the leg plate (9/10) is to be attached to the traction bar (23). Attach the leg plate support to the traction bar and fix with the handle screw. Insert the leg plate in the upper square socket. To do so, pull the quick-release catches for the leg plate (26) towards to foot end.

2.10 Clamp with side rail 1004.88

The clamp with side rail is used to mount accessory components which are to be attached to one of the traction bars. Use the handle screw to fix the clamp with side rail to the traction bar.

2.11 Foot plate

The foot plate serves to secure the patient's extremity. It is most useful to attach it to the rotation-tilt clamp (28) (see page 2) at the screw tension device to make for exact adjustment in regard to angle and rotation. The foot plate is available in two sizes:

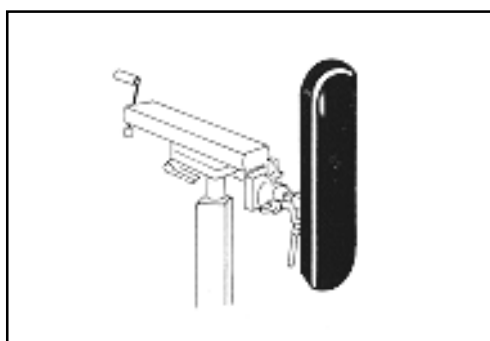
- For adults
 - ref. no. 1001.87
- For children
 - ref. no. 1001.90

2.12 Traction boots

- For adults
 - ref. no. 1001.88
- For children
 - ref. no. 1001.91

2.13 Sole plate 1004.41

Use the 1001.41 sole plate as an alternative to the combination of the foot plate and the traction boot. The patient's feet are fixed using gauze, tape or the like.



1004.41

VII. Special accessory units

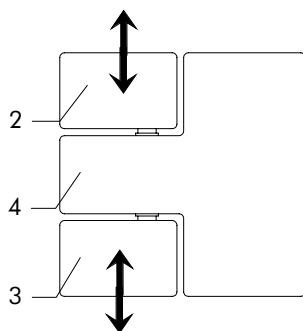
The ORTHOSTAR II can be equipped with special accessory units (separate ref. nos.) for operations on the spinal column.

For this purpose the entire back plate (4) can be removed from the operating table, allowing to use the electrically controlled, hydraulically driven interface for these accessory units.

For interventions at the spinal column the shoulder sections (2) and (3) can be removed by pulling them off to the side.



Check to ensure that the bars are inserted up to the stop and that the balls are fully engaged in the mounts.



1. Positioning unit for operations on the spinal column 1007.03A0 with the patient in the genucubital position

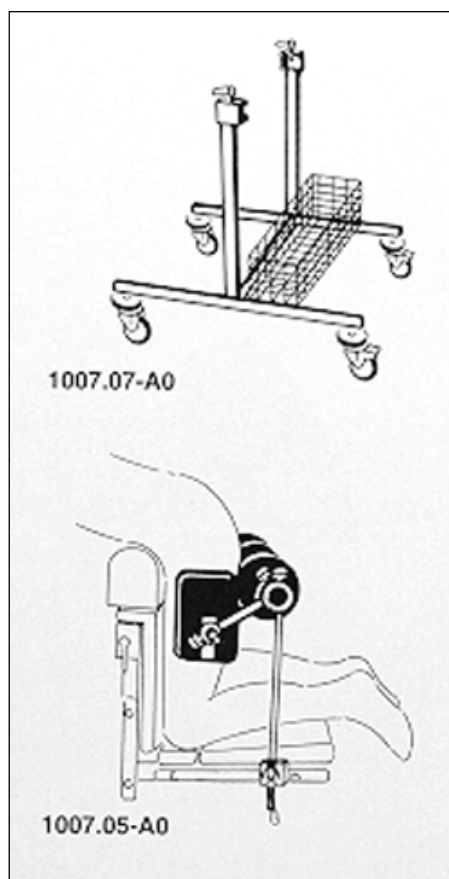
Remove the entire back plate (4) from the operating table to attach these accessory units; mount and use 1007.03A0 as described in the separate Operating Instructions 9 491 472 401

- Trolley 1007.07A0
- Bracket with lateral supports 1007.05A0

2. Pair of bars with skids 1007.08A0 for Morbus Bechterew operations

Remove the entire back plate (4) from the operating table to attach these accessory units; mount and use 1007.08A0 as described in the separate Operating Instructions 9 491 472 401.

- Sternum support 1007.10A0
- Thorax support 1007.11A0
- Guiding roller for head-side traction 1007.12A



VIII. Removing the back plate

The back plate may be removed for cleaning or attachment of other accessory components.

To remove the back plate, proceed as follows:

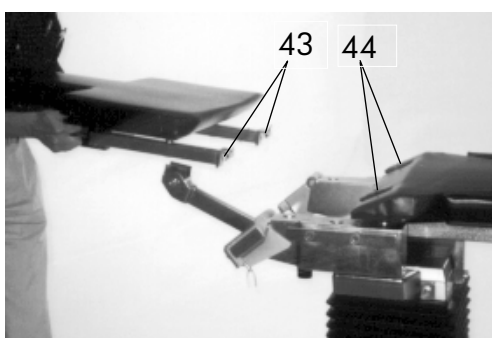
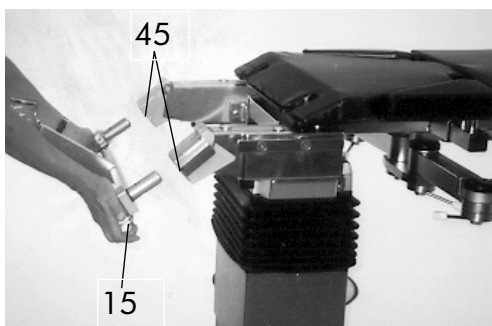
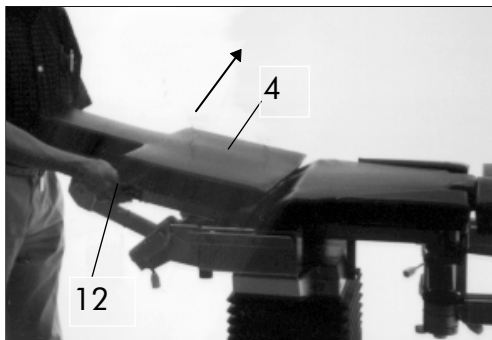
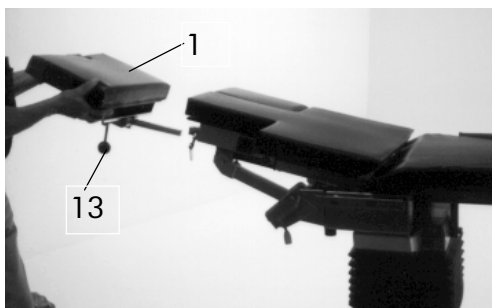
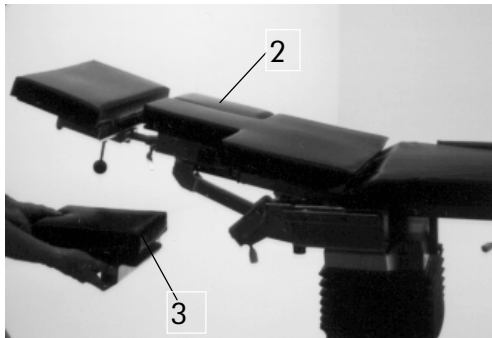
- Loosen the locking handle at the back plate (4) and pull the head rest (1) out of the square rod.
- Remove the shoulder segments (2/3) by pulling them off to the side.
- Pull the quick-release catches (12) at the back plate (4) simultaneously towards the rear to release the back plate.

Now the back plate is released and may be removed by lifting it off in the direction of the arrow.

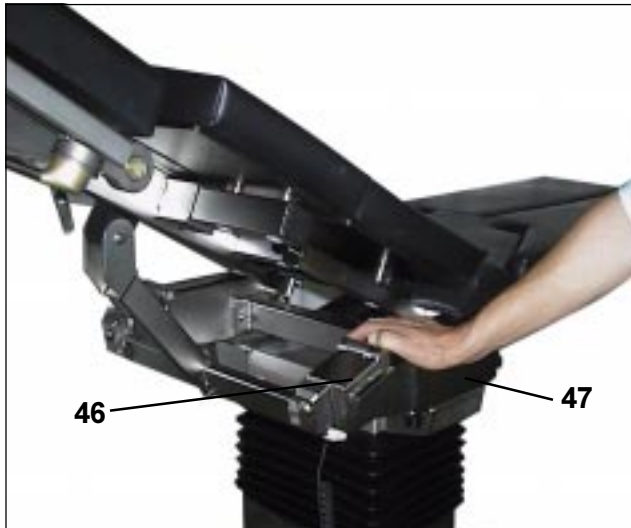
- To remove the supporting arm (14), pull the rocking levers (15) towards the head end and pull out the supporting arm.
- To attach the supporting arm (14), pull the rocking levers (15) towards the head end and insert the rods to the full depth of the mounting holes (45).

To attach the back plate, proceed as follows:

- Hang the clamps (43) of the back plate into the openings (44).
- Pull the two quick-release catches (12) simultaneously to allow the pins to engage in the openings.

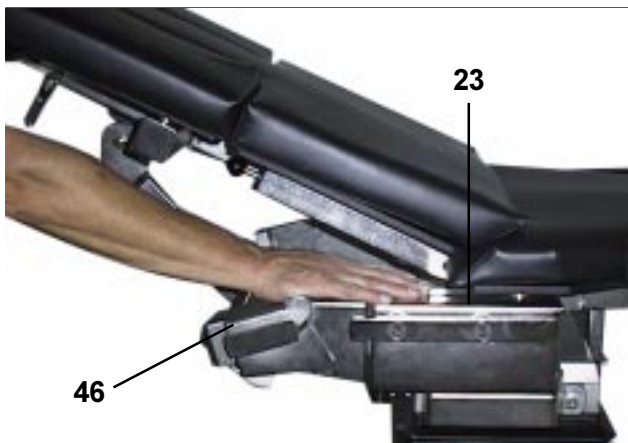


IX. Hazard of accident and injury



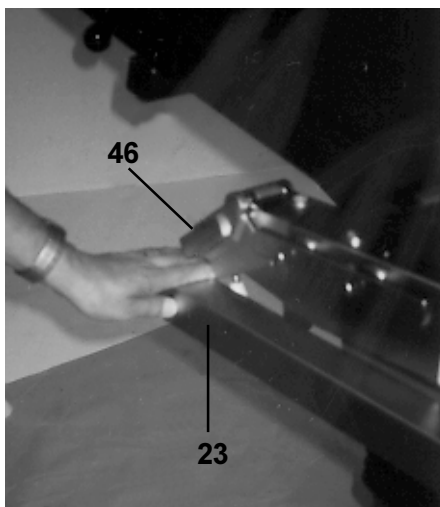
Caution – hazard of accident and injury!

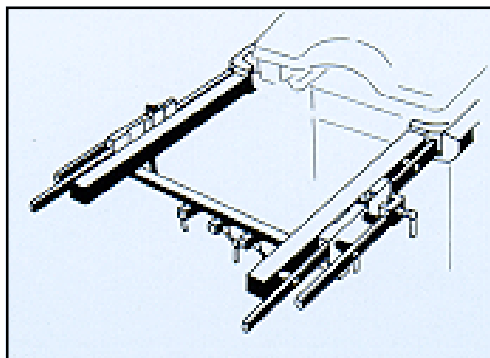
When the back plate is lowered, never reach into this area and take care that there are no objects in the area near the right and left hinged sockets (46) and the right and left seat rails (47).



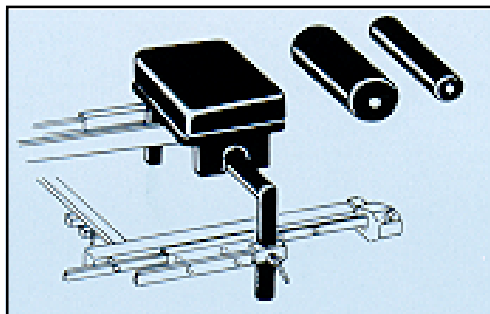
Caution – hazard of accident and injury!

Danger of pinching between the traction bars (23) and the hinged sockets (46) – on either side – when swivelling the traction bars completely towards the head end.

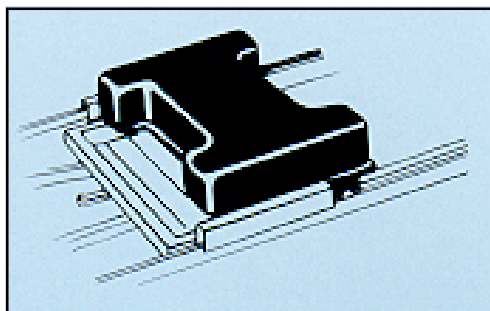




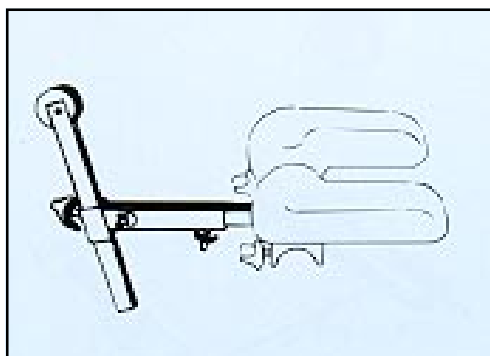
1007.08A0



1007.10A0



1007.11A0



1007.12A0

Accessories for Morbus Bechterew operations

2.1 Pair of bars with skids 1007.08A0

For interventions at the spinal column to treat, for example, scoliosis of Morbus Bechterew. Suitable for operating tables 1130 and 1425, for instance. Pair of bars for mounting the skids which slide in the longitudinal direction, for attachment of head and arm positioning accessories and the sternum support 1007.10-A0.

2.2 Sternum support 1007.10A0

Transverse, radiotranslucent unit for attachment to the sliding skids of the 1007.08-A0; the patient's thorax is supported by an attached, pivoted support plate with a foam pad measuring 300 x 175 mm, 100 mm diam. padded roll or 50 mm diam. padded roll.

2.3 Thorax support 1007.11-A0

Suitable for 1007.08-A0; can be used instead of the sternum support 1007.10A0 during interventions in the lumbar vertebral area; radiotranslucent with foam pad, electrically conductive cover.

2.4 Guiding roller for head-side traction 1007.12-A0

In combination with 1002.7000; mounted on side rail piece (e.g. on 1002.64A0) on 1007.08A0, with longitudinal and height adjustment.

X. Care – Maintenance



Electrically conductive properties must be monitored by trained service personnel. Trained service personnel must perform subsequent routine testing at least once a year.

A mildly alkaline all-purpose cleaning agent (soap solution) is recommended for cleaning the operating table and accessories. Further, the cleaning agent should contain surfactants and phosphates as the active cleaning agents. Use the cleaning agent in concentrated form if the surfaces are extremely soiled. This will, however, make it necessary to rinse them afterwards with clear water. Then use a dry cloth to remove any water which may have collected.

We recommend to cover the table top with sterile sheets when not in use.

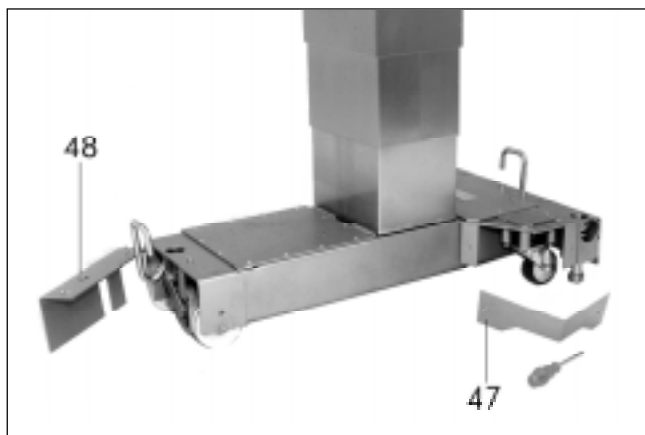
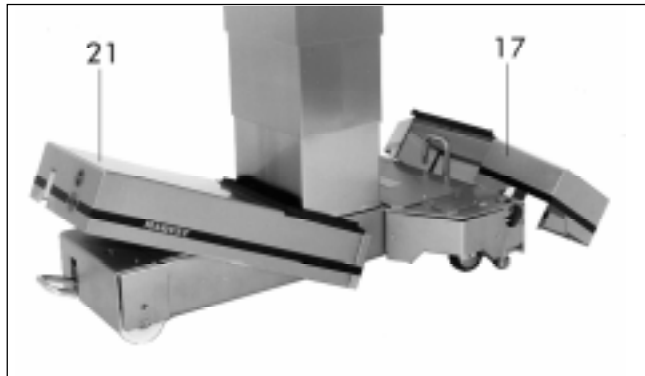
Surface disinfectants which contain **neither chlorine** nor **compounds which would liberate chlorine** are suitable for sanitizing. We suggest using a standard surface disinfectant in an aqueous solution to disinfect the operating table upholstery. Please observe the manufacturer's instructions for use and **disinfect manually**.

Hand sanitizing compounds are not suitable for disinfecting the operating table padding since they usually contain alcohol or compounds of alcohol. Disinfection agents containing alcohol must not be used on the padding since excess exposure to alcohol (i.e. collections of liquids containing alcohol and remaining in contact with the surface for longer than 5 minutes) could damage the finish of the padding. The potential hazard of forming explosive mixtures also precludes using agents containing alcohol for surface disinfection.

It is for this reason that we recommend using an aldehyde-based disinfectant to clean the surfaces.

Disinfection of the castors:

- Raise the operating table to the highest position, function key (j).
- Grip the rear cover (17) with both hands from the sides and pull it upwards.
- Slightly lift the front cover (21) at the front end and pull it forward.
- Unscrew the castor covers (47/48); the castors are now accessible for disinfection.
- Re-assemble the covers of the castors
- Slide the inclined front cover (21) from the front onto the T-base and press firmly into place.
- Slide the rear base cover (17) from above onto the T-base and take care that the edges of the front cover are covered at the same time.



Notes:

- ➔ If the „lateral tilt“ and „Trendelenburg/reverse Trendelenburg“ functions have not been used for a longer time, play may be encountered in the universal joint suspension.
Remedy:
Operate both movements until the final stop is reached, e.g. lateral tilt right/left or Trendelenburg / reverse Trendelenburg position.
The hydraulic system should be serviced by MAQUET Customer Service staff only.
- ➔ Regular recharging of the batteries, e.g. at night or over the weekend, even if the battery indicator (luminous diode n) indicates sufficient charge, will extend battery life.

The operating table has to be serviced annually. Please contact the MAQUET Customer Service (Service Hotline – see last page) or a local representative. To conclude a maintenance contract, please contact:

MAQUET Aktiengesellschaft
P.O. Box 2162
D-76411 Rastatt
Phone + 49 7222 932-0
Fax + 49 7222 931-631

For maintenance outside Germany, please contact your local representative.

If your operating table malfunctions, please contact your MAQUET representative or the company itself. Describing the symptoms and quoting the serial number will help us solve your problem faster.

In case of malfunctions do not try to repair the table nor to use force.

Environmental protection

- Do not throw old, damaged batteries to the normal waste.
- Do not throw batteries into water or fire
- Remove the hydraulic oil before disposing of the table.
- Dispose of electronic waste from the control unit and the hand control modules in accordance with the rules.

XI. Patient positioning

General:

All the patient positions described below may be set up by just a single person (except for the position for nailing the femur in lateral position).

The extension accessories are mounted after anaesthesia has been initiated with the patient in the supine position on the table top. Only after patient's extremities have been placed in the approximate position are the leg plates removed and the final position set up (by adjusting the accessory components).

- ➔ Once the patient position is completed, check to ensure that all eccentric levers and clamping screws at the operating table and the accessories are tightened down completely.

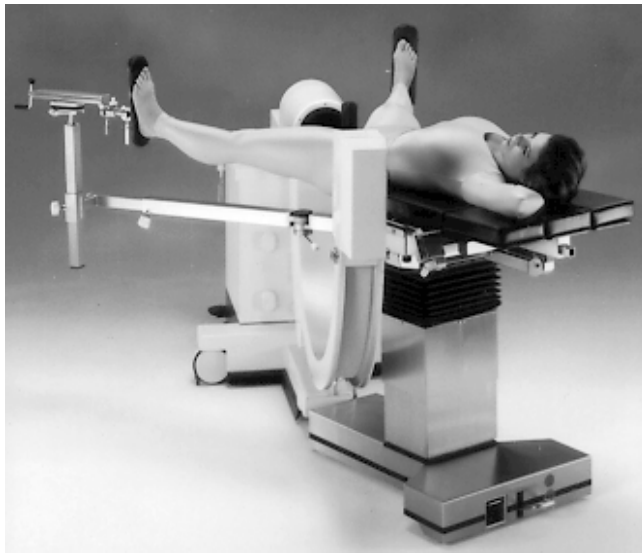
On completion of the surgical treatment, first attach the leg plates, then release the feet / legs and remove the accessory components.



HF surgery

Use of defibrillators and defibrillation monitors

When using electrocautery units, defibrillators, and defibrillation monitors, it is important to follow the manufacturer's instructions. Disregard of safety precautions can lead to serious incidents. If the patient should come into contact with the metal parts of the operating table or with accessories, there is a danger of burns. This also applies if the patient is lying on moist underlays or sheets on the conductive operating table pads!

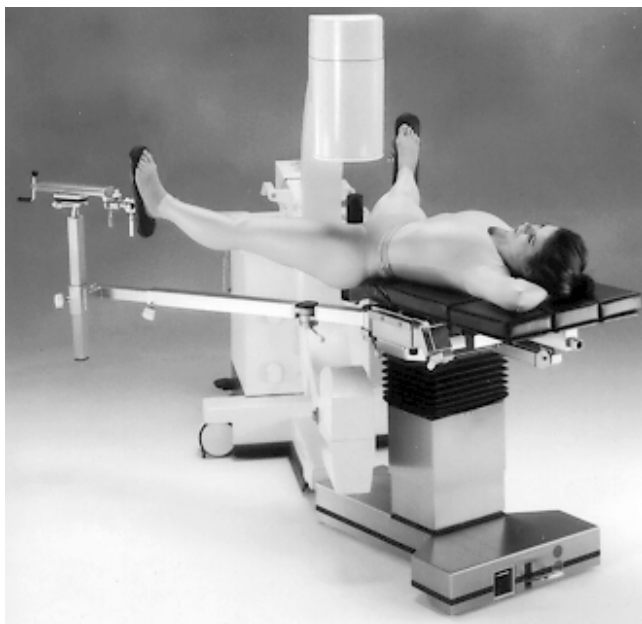


Patient positioning for nailing neck of femur

I. Recommendations for positioning

- Patient in supine position
- with his legs straddled
- feet attached in traction boots with a slight inward rotation
- perineum close to the countertraction post

In order to permit image intensifier control in vertical a.p. view, it is recommended to tilt the operating table at the side of the affected leg 15° to the unaffected leg. The C-arm can be inserted from between the legs or laterally from the head end, depending on the medical indication.

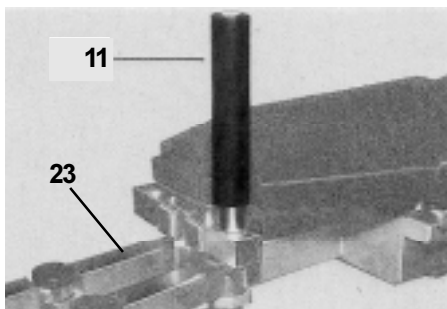


II. Patient positioning

Accessories:

- 11** Countertraction post for neck of femur
- 25** Telescopic bars
- 30** Screw tension device
- 28** Rotation-tilt clamp
- Foot plates 1001.87
- Foot plate support (for the unaffected leg) 1003.49

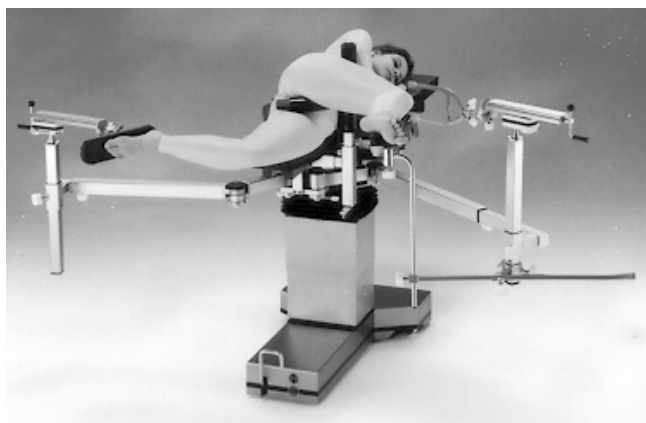
- Bars and accessories to be adjusted according to the illustration, to be fitted to the patient and secured
- The countertraction post has always to be inserted on the side of the affected leg
- Remove the leg plates
- Adjust the C-arm for control in a.p. and lateral view
- Drape the patient



→Note:

On completion of the surgical treatment, first attach the leg plates (9/10) (see page 20), then release the feet / legs.

Remove the countertraction post (11)! Swivel the bars (23) towards the head end.



Positioning for nailing femur in lateral position

I. Recommendations for positioning

- Patient in lateral position on his sound side
- The affected femur is placed over the perineal bow of the countertraction post with the hip bent at approx. right angles. For transcondyle wire extension the lower leg is supported at an angle of approx. 80°
- Clamp the sound leg and stretch backwards as far as possible until the C-arm can be swivelled in both planes without trouble.
- C-arm between the patient's legs.

II. Patient positioning

Accessories:

Countertraction post for femur 1004.84

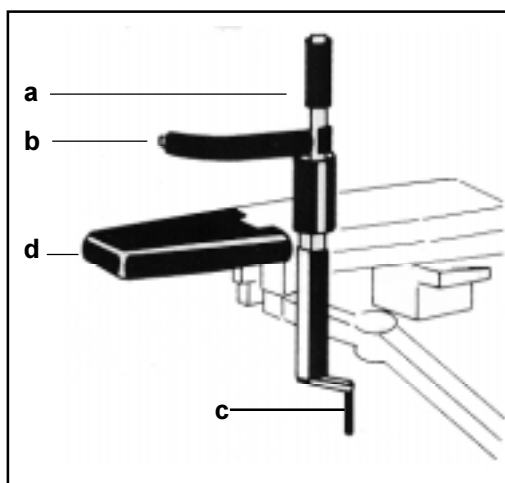
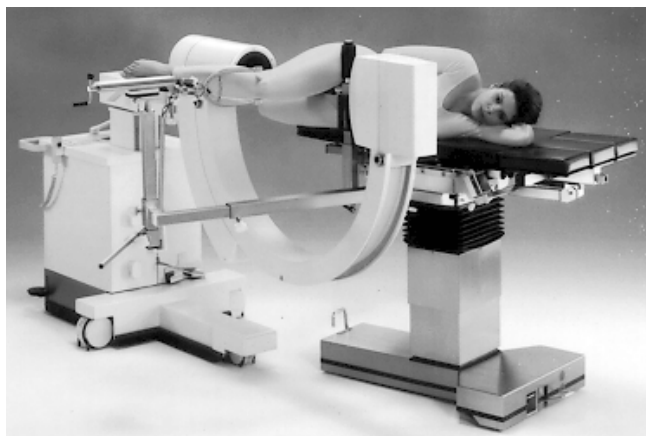
- 25** Telescopic bars, for transcondyle extension, the short telescopic bar is used as traction bar.
- 29** Rotation and traction stirrup clamp
- 28** Rotation-tilt clamp
- 30** Screw tension device
- Foot plate 1001.87
- Universal support 1004.86
- Foot plate support 1003.49

- Adjust bars (**23**) and accessories as shown on the photo.
- Remove leg plates (**9/10**) and insert positioning plate (**d**)
- Move patient towards the foot end, place fractured femur over the perineal bow (**b**), adjust the height using the crank (**c**)
- Adapt bars and accessories to the patient and secure them
- Adjust C-arm for a.p. and lateral view
- Drape the patient

→Note:

On completion of the surgical treatment

- move the patient towards the head end
- remove the positioning plate (**d**)
- attach leg plates (**9/10**), then release feet/legs
- remove countertraction post, swivel the bars towards the head end.



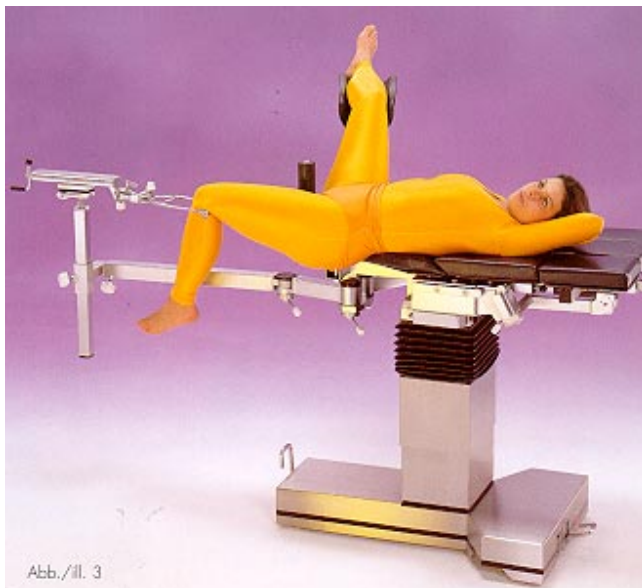
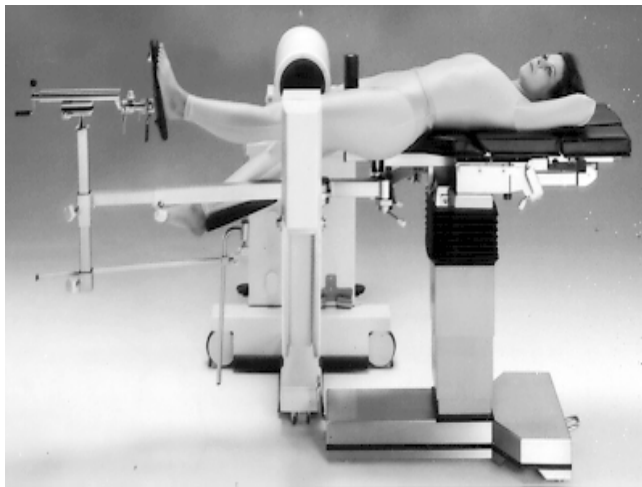
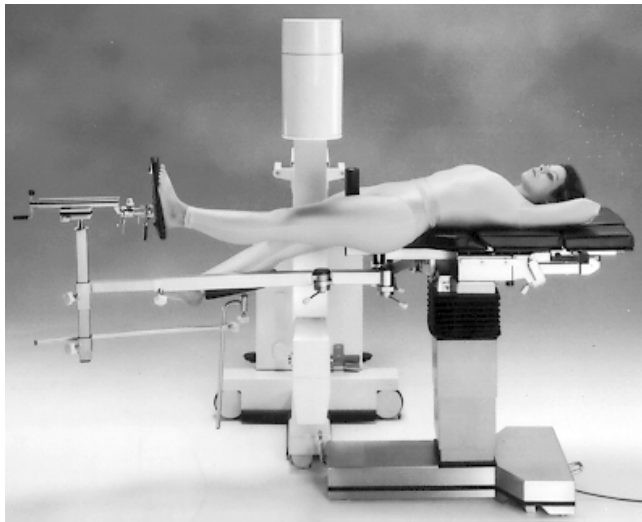
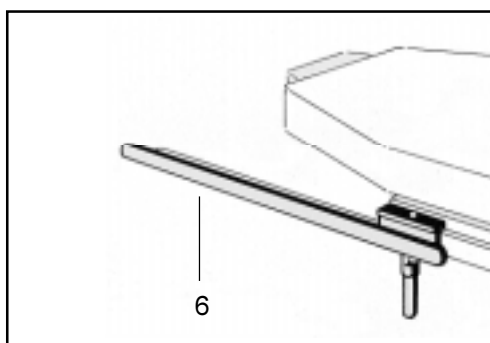


Abb./il. 3



Positioning for nailing femur in supine position, as well as for interlocking nailing

I. Recommendations for positioning

Patient in supine position with

- transcondyle Steinmann nail extension on the distal femur fragment or
- over the stretched leg with foot plate The sound leg is placed
- in the Goepel knee crutch and adjusted laterally towards the head end or
- downward in half-vertical position until the second femur permits the unobstructed control of the affected femur by means of the image intensifier.

Proximal fracture:

- Extreme flexion of the patient's body to the sound side
- Traction in the axis of the leg without adduction

Distal fracture:

- Flexion of the patient's body to the sound side
- Traction with extreme adduction
- The C-arm is placed in a contra-lateral position at right angles to the affected extremity.

II. Patient positioning

Only one traction bar is necessary for this positioning.

Accessories:

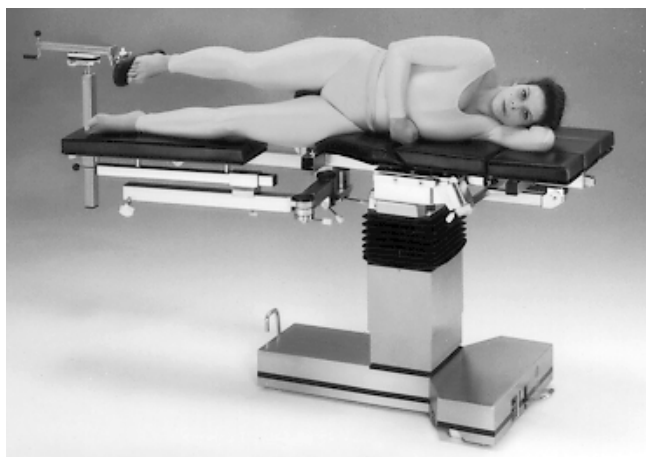
- Countertraction post for interlocking nailing 1004.90
- 25** Telescopic bar – short – for transcondyle traction
- 25** Telescopic bar – long – for traction over the stretched leg
- 30** Screw tension device
- 29** Rotation and traction stirrup clamp
- 6** Side rail elongation
- Radial setting clamp 1003.23
- Goepel knee crutch 1001.65
- alternatively for traction over the stretched leg (see photo below):
- 28** Rotation-tilt clamp
- Universal support
- Foot plate

- Adjust bars and accessories as shown on the photo, adapt them to the patient and secure them.
- Adjust bars and accessories as shown on the photo, adapt them to the patient and secure them.
- Drape the patient.

→Note:

On completion of the surgical treatment

- remove the countertraction post
- attach leg plates (**9/10**)
- then release feet/legs
- swivel the bar (**23**) towards the head end



Positioning for nailing femur in lateral position

I. Recommendations for positioning

- Patient in lateral position
- Extension with foot plate
- The affected extremity is placed horizontally over the perineal support which is used instead of the countertraction post.
- The sound leg is placed on a leg plate and is abducted or in nearly parallel position to the affected extremity in order to permit unobstructed access of the C-arm in both planes
- C-arm approached in contra-lateral position at right angles to the affected leg.

II. Patient positioning

Accessories:

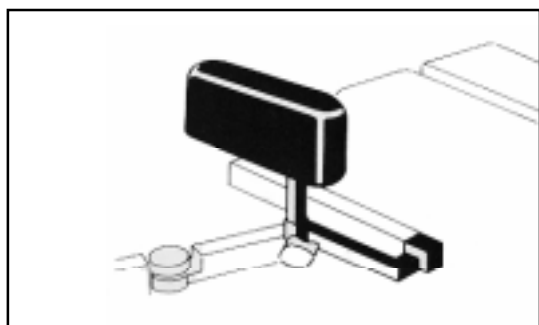
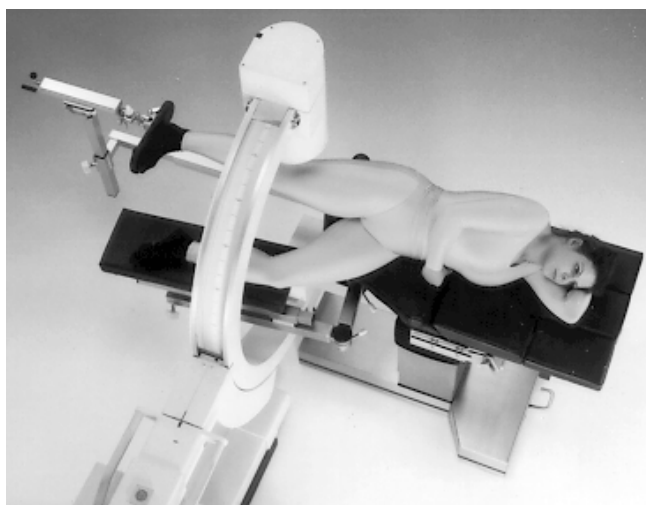
- | | |
|-----------|---------------------------|
| | Perineal support 1004.89 |
| 25 | Telescopic bar – long – |
| 30 | Screw tension device |
| 28 | Rotation-tilt clamp |
| | Foot plate 1001.87 |
| | Leg plate support 1004.87 |

- Adjust bars and accessories as shown on the photo
- Equip traction bar (**23**) with leg plate support. Leg plate (**9**) must be swivelled laterally.
- Insert perineal support, adjust its height to the patient
- Insert perineal support, adjust its height to the patient
- Remove the second leg plate (**10**)
- Adjust C-arm for a.p. and lateral view
- Drape the patient

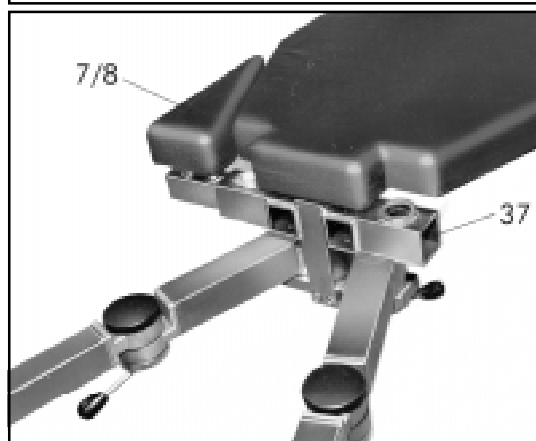
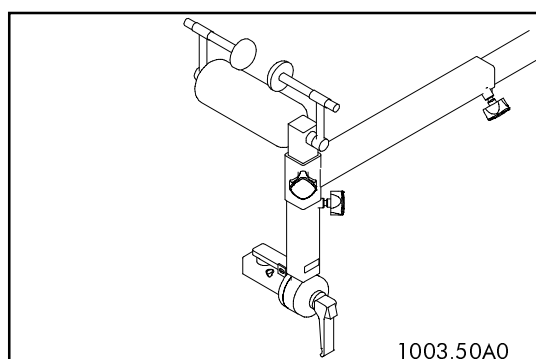
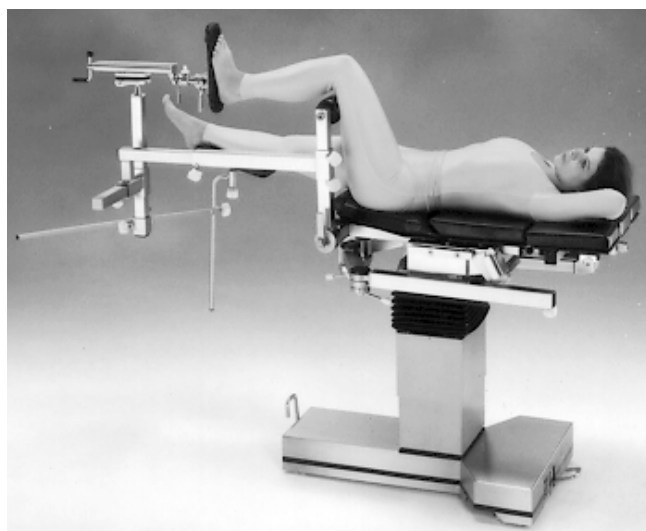
→Note:

On completion of the surgical treatment

- Attach leg plate (**9**)
- Align second leg plate (**10**) in parallel position
- release the foot
- remove the perineal support
- swivel the bars towards the head end.



1004.89



Positioning for nailing tibia and fibula

I. Recommendations for positioning

- Patient in supine position with trans-calcaneal Steinmann nail extension
- The sound leg is placed in the Goepel knee crutch and adjusted laterally towards the head end
- The countertraction post must lie close to the lower third of the thigh - otherwise the proximal fragment would take a ventral position
- The affected extremity is stretched over the countertraction post downwards in half-vertical position or in horizontal direction. The C-arm is placed in contra-lateral position at right angles to the affected extremity.

→Note:

With the knee secured by means of the condyle fixation, the possibility of undesired rotation is eliminated.

II. Patient positioning

Both traction bars are swivelled under the table top and secured. Remove the triangular buttock support of the seat plate on the side of the affected leg, insert the countertraction post for tibia and fibula and secure with the bracket (x). For traction at a downward angle, swivel the countertraction post for tibia and fibula towards the foot end and attach the extension accessories as shown on the photo.

Accessories:

- Countertraction post for tibia and fibula 1003.50A
- 25 Telescopic bar – long – and horizontal guiding bar, if required
- 30 Screw tension device
- 6 Side rail elongation
- 29 Rotation-tilt clamp
- Radial setting clamp 1003.23
- Goepel knee crutch 1001.65
- alternatively:
- Universal support 1004.86
- 28 Rotation-tilt clamp
- Foot plate 1001.87
- Foot plate support 1003.49

- Remove triangular buttock support (7/8) on the side of the affected leg
- Insert the countertraction post for tibia and fibula from the side, secure it by pressing bracket (x) into the socket (37).
- Swivel the bars and the accessories downward, adjust them to the patient and secure them.



Attention:

Hold the bar after it has been released – it may drop with the accessories attached.

- Remove leg plates
- Adjust C-arm for a.p. and lateral view
- Drape the patient

→Note:

On completion of the surgical treatment

- Attach leg plates (9/10)
- Remove countertraction post
- Release feet / legs.



Positioning for operations on the shoulder

I. Recommendations for positioning

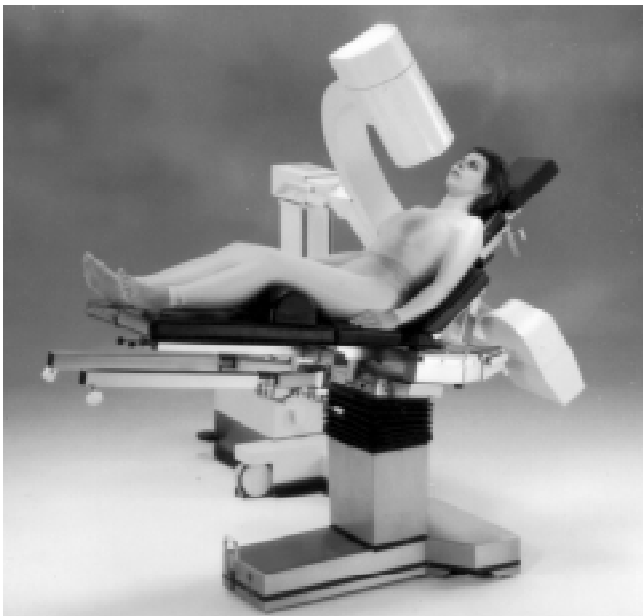
- Patient in supine position
- Head rest adapted to the patient's size
- Patient positioned with free access for use of the image intensifier for the shoulder to be operated on

II. Patient positioning

Accessories:

Roll pad 1002.81D

Side rail elongation 1004.91C

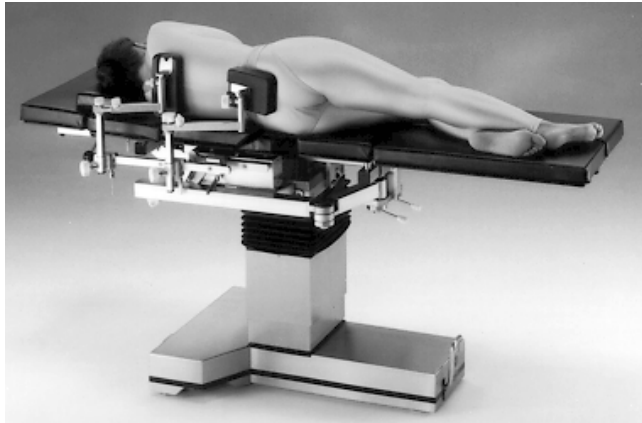


- Use key (c) to raise the back plate (4) (function key c)
- Remove shoulder segment (2/3)
- Place roll pad beneath the patient's knees
- Use key (d) to move the table top to a slight Trendelenburg position (function key d)

Positioning with special accessories

Positioning for hip endoprosthesis

The patient is turned to the side, he is supported at the buttocks, back, breast bone and pubis.



Pelvis intervention and THR:

For pelvis interventions the traction bars (23) are swivelled out of the area which will be controlled by image intensifier and secured by means of the clamping levers (22).

The traction bars, the countertraction post and the screw tension device can help to reposition the patient. They can be adjusted so that they do not obstruct the radiation of the image intensifier.

For radiography an X-ray film cassette (max. dimensions 24 x 30 cm) may be inserted in the area of the seat plate, from either left- or right-hand side.

Accessories:

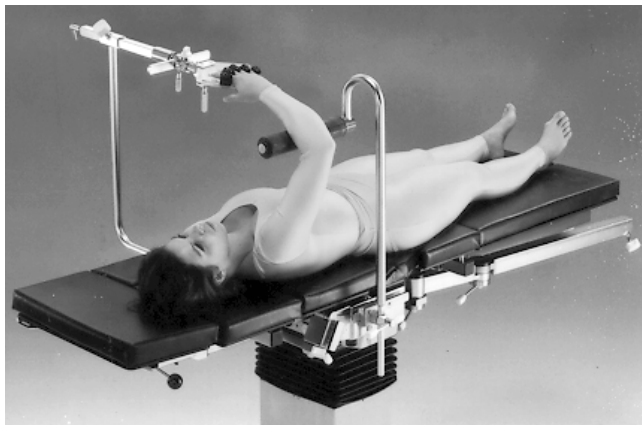
1002.19 Universal lateral supports, 4 pcs.

1002.11A Back-buttocks support, 1 piece

1002.11-C Lateral support, 1 piece

1002.11-B Pubis-sacrum-sternum support, 1 piece
alternatively for 1002.11-A and 1002.11-C:

1002.21 Lateral support, 2 pcs.



Positioning for upper arm

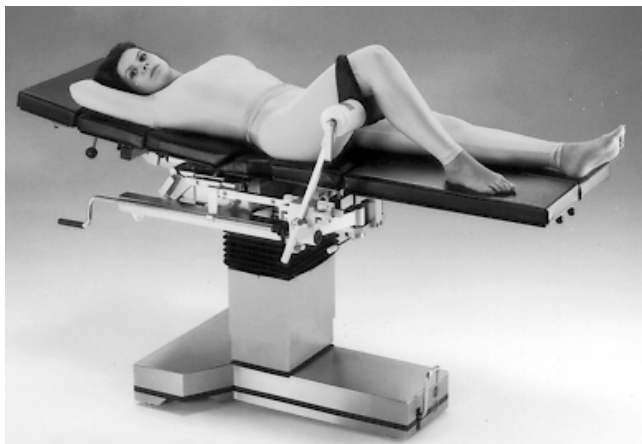
The patient is in supine position, the upper arm to be nailed is guided over the padded roll of the positioning device, the lower arm is supported in the Weinberger hand traction device at the screw tension device. Extension is effected by the patient's own weight. The C-arm is conducted around the upper arm in both planes horizontally.

Accessories:

1004.98 Humerus positioning device

1004.80 Humerus countertraction post

1001.48 Weinberger hand traction device



Procedures on the knee

The MAQUET knee positioning device 1004.94 offers itself for interventions on the knee and arthroscopy of the knee joint. It is equipped with a crank handle for swivelling thigh / tibia and fibula from horizontal to vertical position. The thigh holder is equipped with two adjustable, axially swivelling thigh cheeks with integrated foam padding.

The knee positioning device is mounted to the table top by means of the side rail elongation, the crank handle is inserted from the head end.

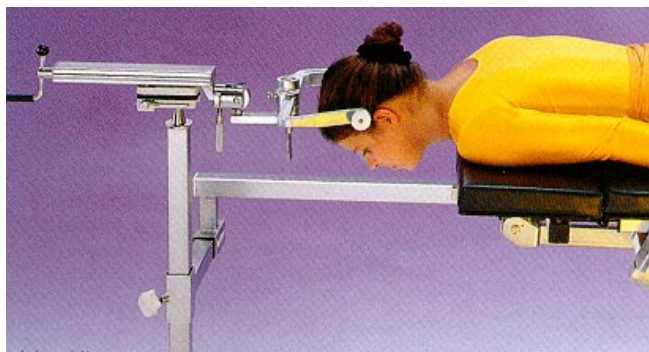
For taller patients the leg plates (9/10) with the leg plate supports and fixed on the traction bars.



Patient positioning for operation on the spinal column, e.g. Morbus Bechterew, using the 1007.08A0, 1007.10A0, 1005.5800, 1002.5800, 1002.7000.



It is absolutely necessary to observe the Operating Instructions 9 491 472 401 before attaching the accessory components!



During the operation the patient is raised via the powered interface and positioning the trunk, sliding in the longitudinal direction (sternum support, arm boards and head positioning accessory).

Operation on the cervical vertebral column; head-side traction using the Mayfield accessories 1005.3600, 1005.3500 (refer to MAQUET Accessories Catalogue 1000).



Patient positioning for operation on the cervical vertebral column with fluoroscopy using 1007.08A0, 1007.11A0, 1002.7000.

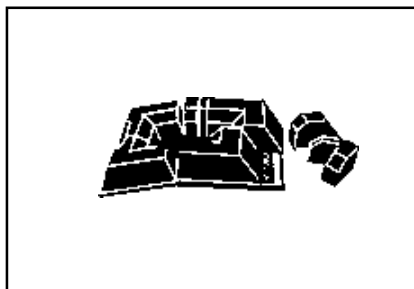


Patient positioning for operation on the spinal column, e.g. on an intervertebral disk.

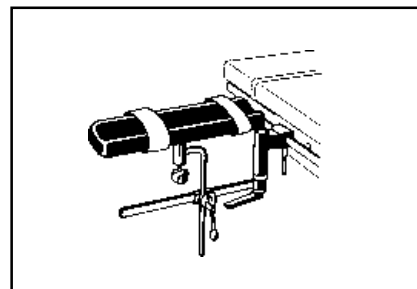


It is absolutely necessary to observe the Operating Instructions 9 491 001 403 before attaching the accessory components!

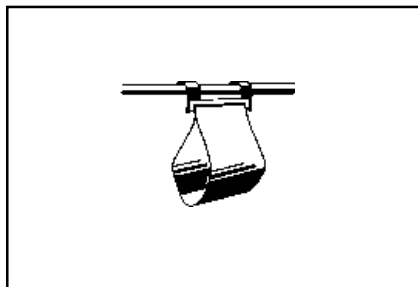
Attach the accessory components according to the Operating Instructions 9 491 001 403 and position the patient in the gynecubital position using the 1007.03A0, 1007.05A0.

XII. List of accessories

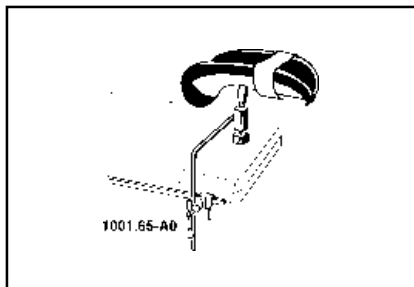
1000.6800



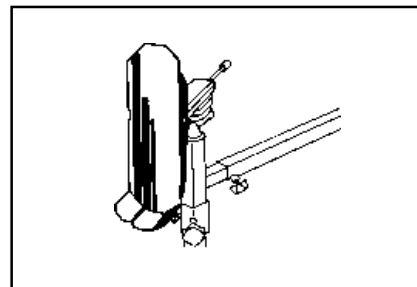
1001.44D0



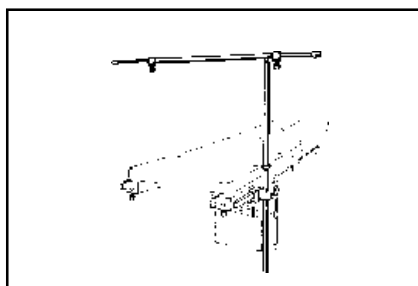
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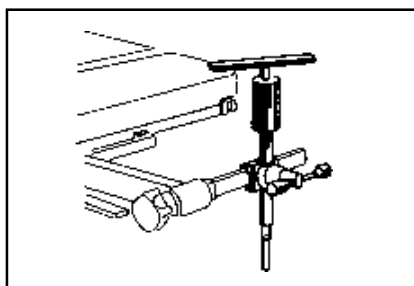
1001.65A0



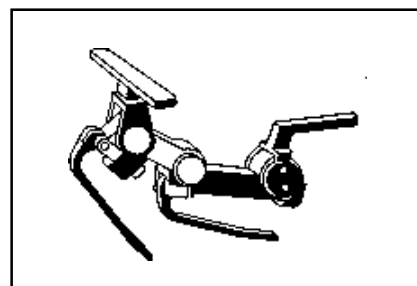
1001.8700



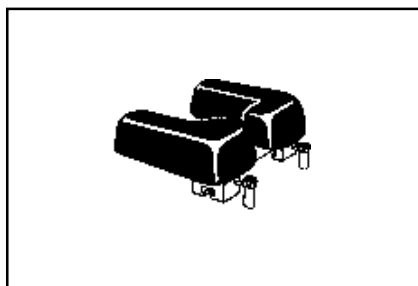
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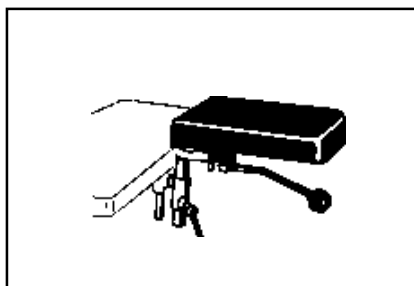
1002.5800



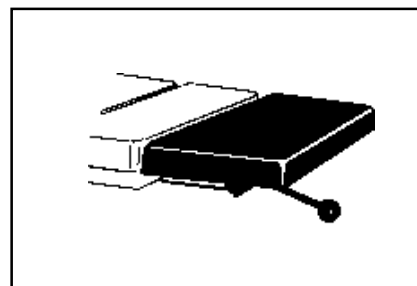
1002.64A0



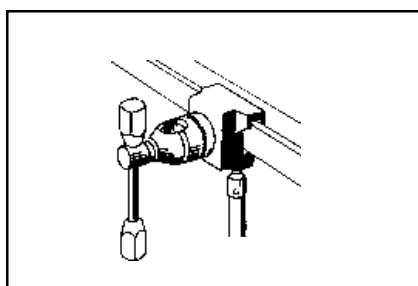
1002.7000



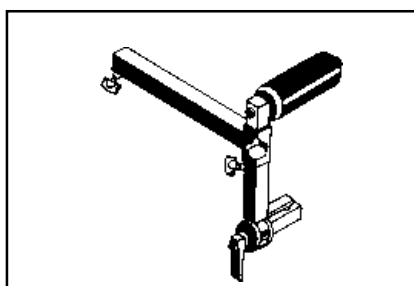
1002.81D0



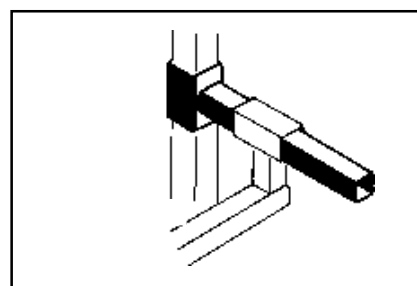
1002.86C0



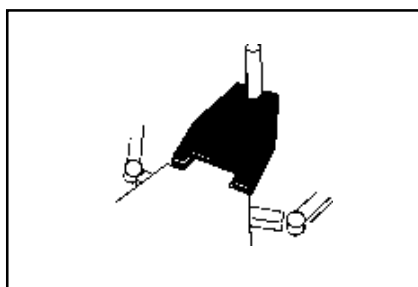
1003.23C0



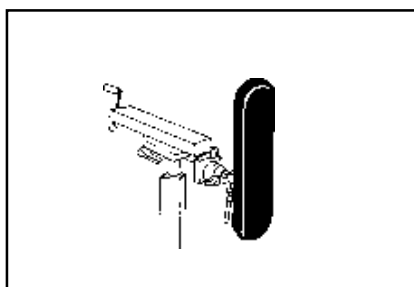
1003.50A0



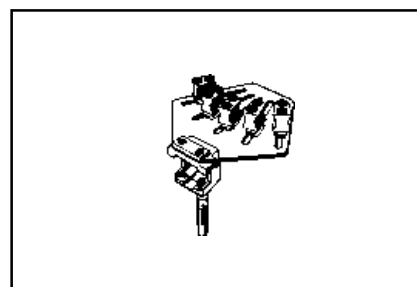
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1003.5200

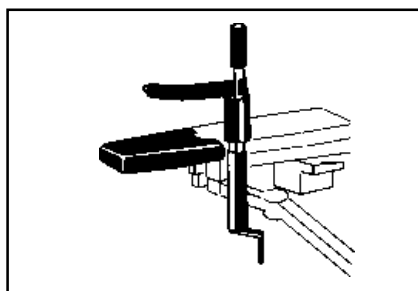


1004.4100

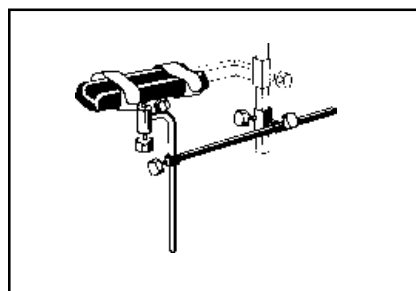


1004.8000

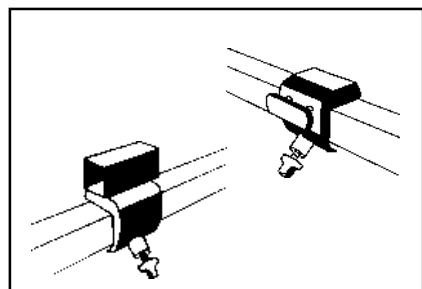
XII. List of accessories



1004.85B0

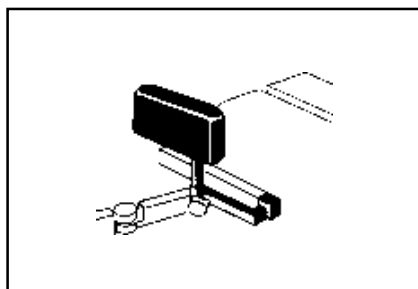


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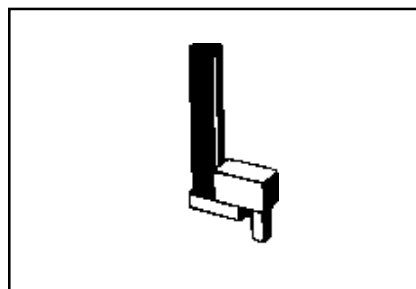


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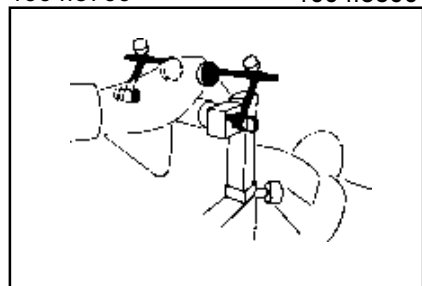
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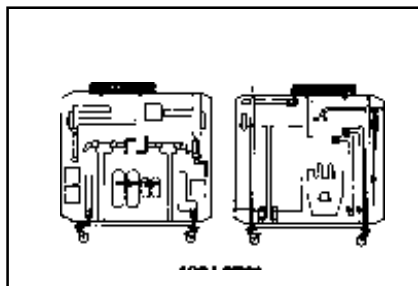
1004.8900



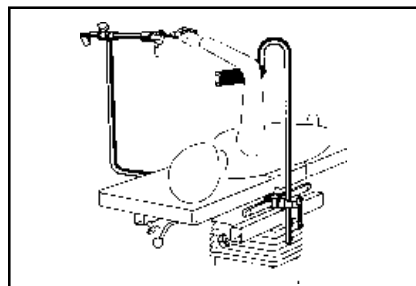
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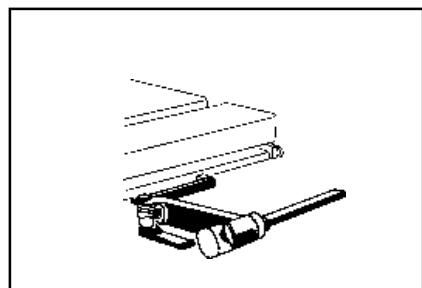
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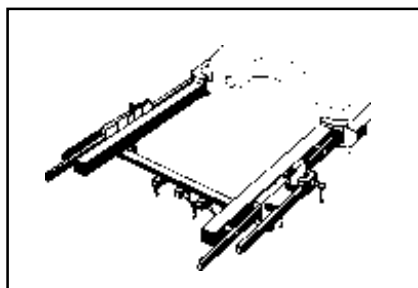
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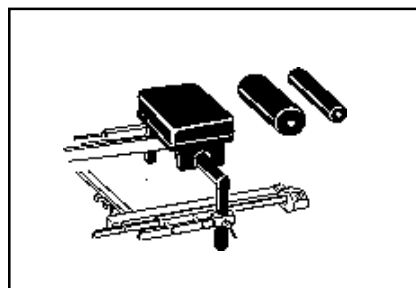
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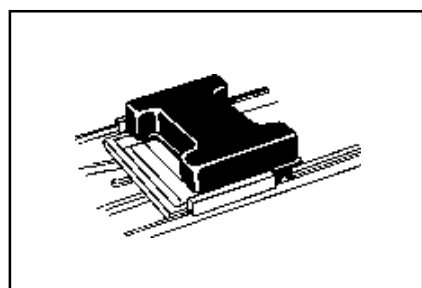
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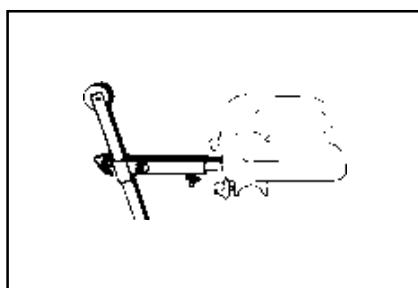
1007.08A0



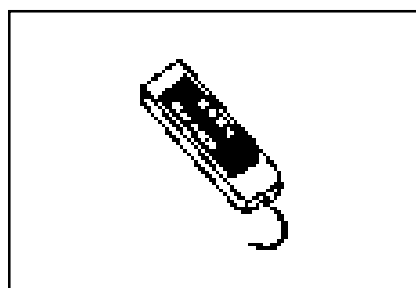
1007.10A0



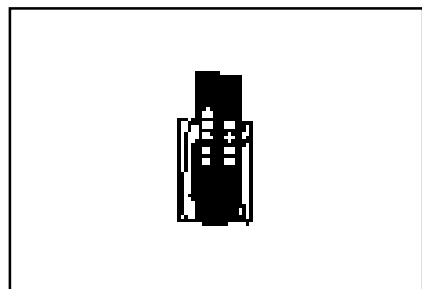
1007.11A0



1007.12A0



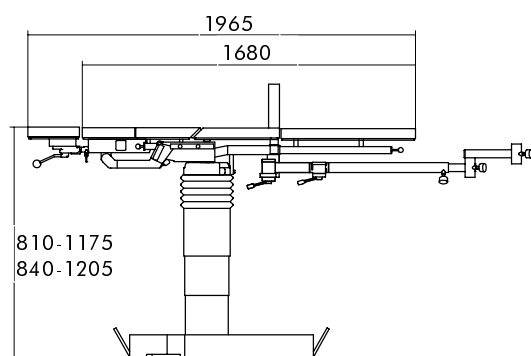
1009.67A0



1009.68A0

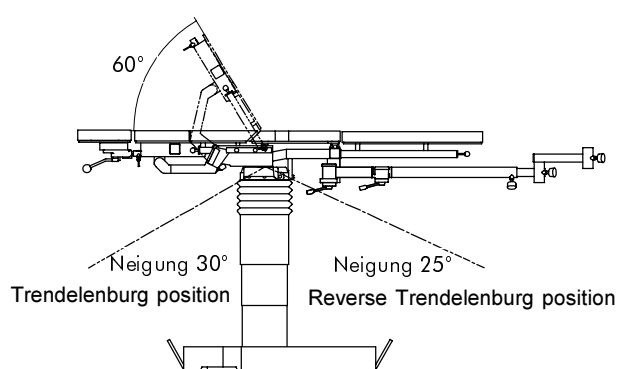
XIII: Table top dimensions / Technical data

Type: ORTHOSTAR II 1425.01 A0/B0



Length without head rest: 1680 mm
 Length incl. head rest: 1965 mm
 Width of table top: 530 mm

Width incl. side rails: 530 mm
 Height (Europe): 810 – 1175 mm
 Height (USA): 840 – 1205 mm
 Trendelenburg position: 30°
 Reverse Trendelenburg position: 25°
 Lateral tilt left/right: 20°
 Back plate up: 60°



Permissible load: 135 kg
 at higher loads consult the manufacturer

Nominal voltage: 200 / 220 / 230-240 V
 (100 / 110-115 / 127 V AC)
 adjustable

Nominal frequency: 50 / 60 Hz
 Power consumption: max. 400 VA

Operating mode: int 10 min.on / 20 min.off
 Fuse protection: T2 L (T4 L) 250 V AC
 replacement as per Standard
 IEC 127

Battery: Type dryfit A made by
 Sonnenschein GmbH
 12 V DC 9,5 Ah

Class: II
 Degree of protection against electric shocks:  Typ B

The enclosure leakage current meets the requirements of the patient leakage current for CF conditions according to EN 60601-1.

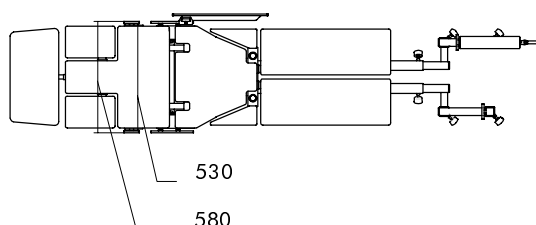
IPX 4* IPS** SELV*** Dc 24 V

(IPX = protection against splash water)

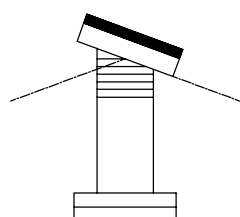
Explosion protection:  AP for battery-powered operation

If operated from the mains, the operating table is not suitable for hazardous locations (AP-M).

The noise level is < 70 dB(a)



Lateral tilt left/right
 Kantung 20°



* IPX 4 = protection against ingress of liquids

** IPS = internal power source

*** SELV = safety extra low voltage

XIV. Spare part supply

Individual components which are part of the operating table ORTHOSTAR II or which are intended to be combined with this operating table. The spare parts can be ordered using the indicated reference numbers. For further spare parts and information, please refer to the spare parts list for ORTHOSTAR II, No. 9 491 320 4. and the spare parts lists for the accessory components.

Choice of control modules which may be used:

IR hand control:	3 110 30 D9.
Mobile charging station for IR hand control:	3 110 26 A9., 3 110 26 B9.
Stationary charging station for IR hand control:	3 110 33 A9., 3 110 32 B9.
Cable-connected hand control:	3 110 29 D9., 3 110 29 L9.
Foot switch:	1009.79B0 (2 Funktionen)

Seat plate pad:	9 081 084 4.
Back plate pad:	9 081 085 4.
Shoulder plate pad:	9 081 091 4.
Pad for triangular buttock support, left:	9 081 019 4.
Pad for triangular buttock support, right:	9 081 030 4.
Leg plate pad:	9 081 020 4.
Roll pad:	9 080 525 4.

Back plate:	3 140 304 2.
Supporting arm:	3 140 310 2.
Shoulder plate, left:	3 140 307 2.
Shoulder plate, right:	3 140 308 2.
Triangular buttock support, left:	3 111 846 9.
Triangular buttock support, right:	3 111 847 9.
Leg plate, left:	3 111 849 9.
Leg plate, right:	3 111 850 9.
Countertraction post:	3 112 313 4.
Telescopic bar, short:	3 111 706 3.
Telescopic bar, long:	3 111 710 3.
Bar elongation:	3 111 796 4.
Screw tension device:	1003.3700
Foot plate support:	1003.4900
Rotation-tilt clamp	1003.3400
Rotation and traction stirrup clamp:	1003.35A0
Side rail elongation:	1004.91A0, 1004.91C0

Use only spare parts approved by MAQUET.

All notes and technical data contained in these operating instruction reflect the status at the publication date. Since we constantly strive to improve all MAQUET products, however, we reserve the right to adopt modifications at any time, without giving prior notice.

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Internet: <http://www.maquet.com>